Dermatapathology Review Session Part 15

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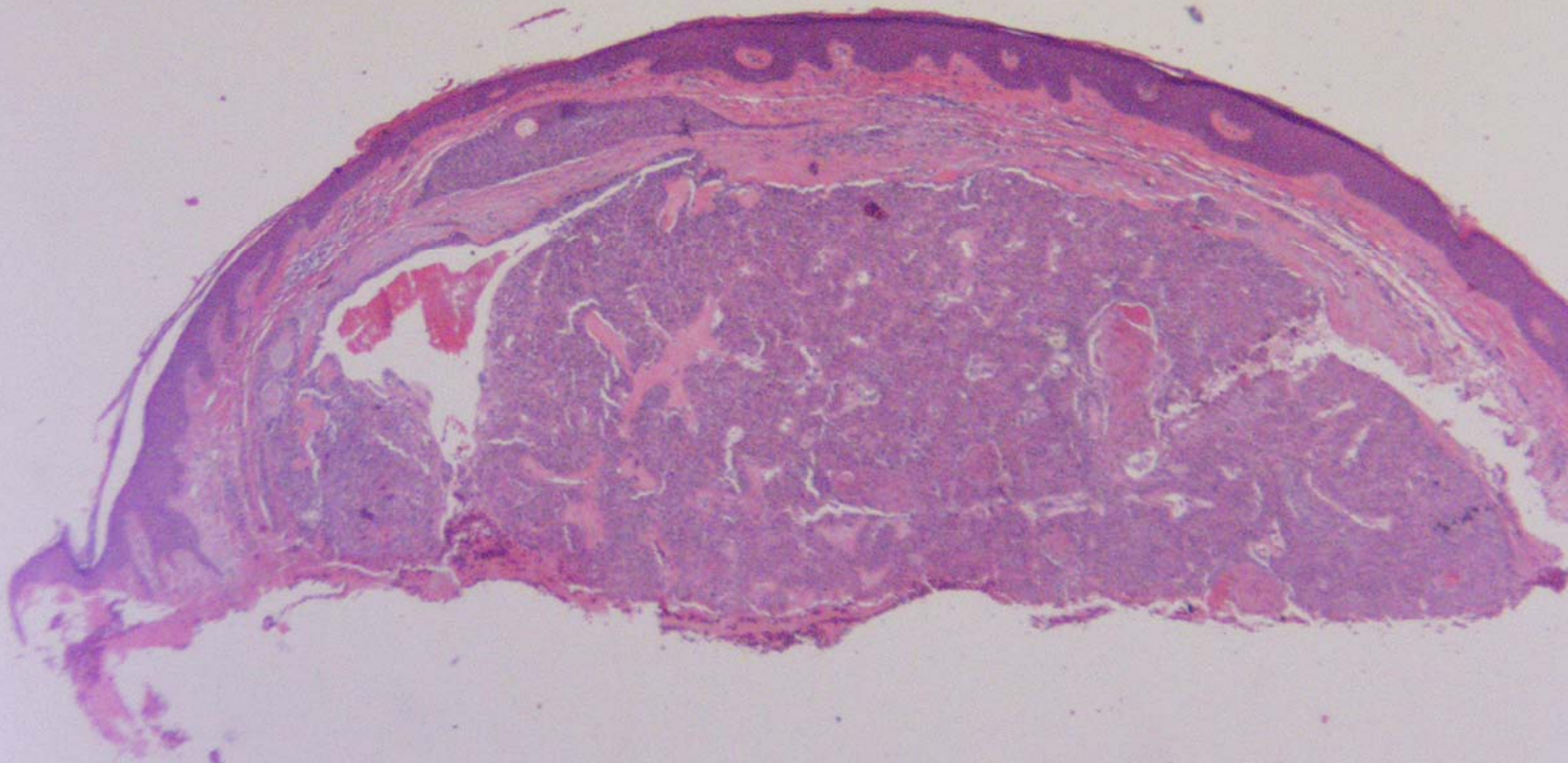
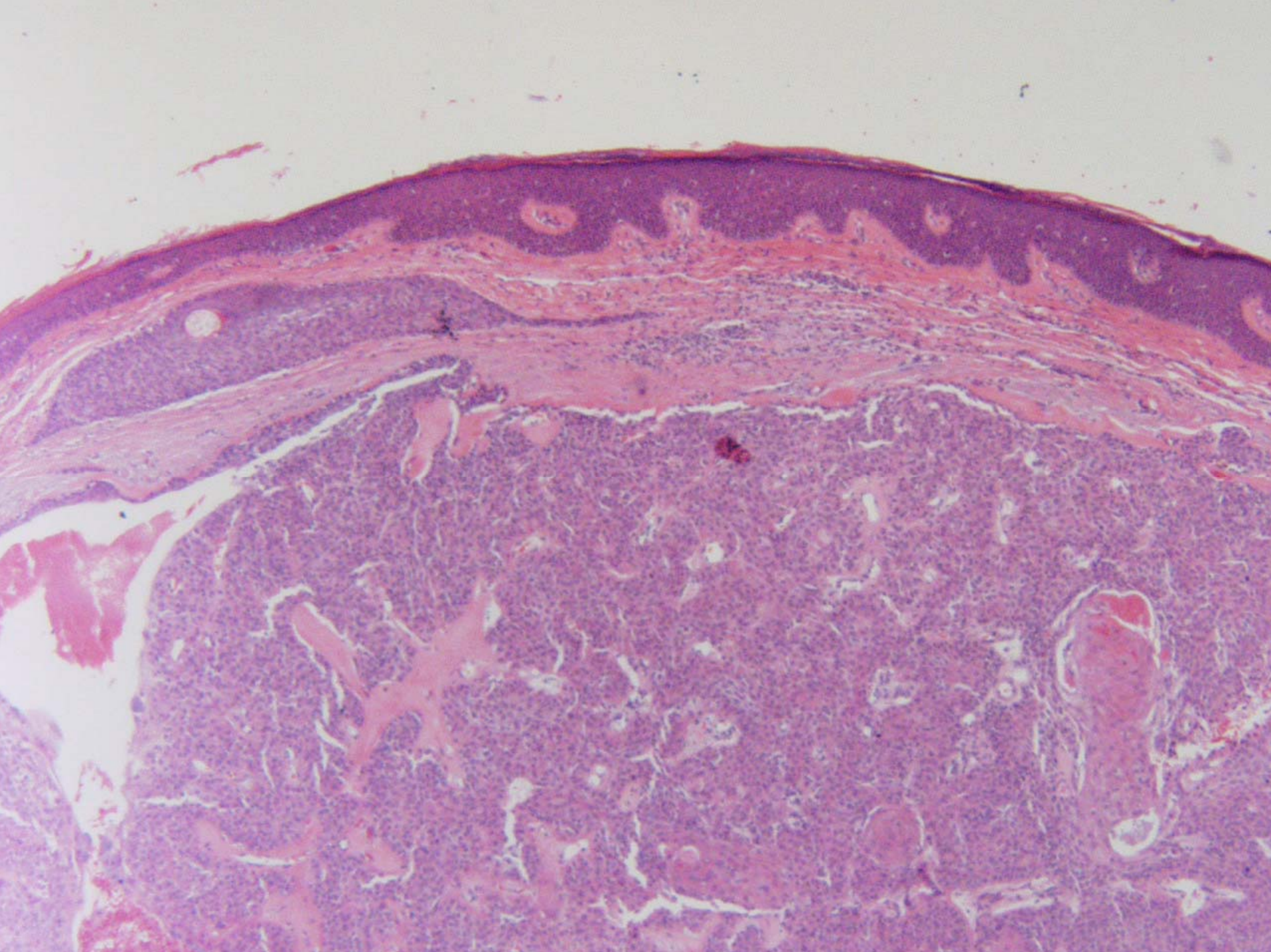
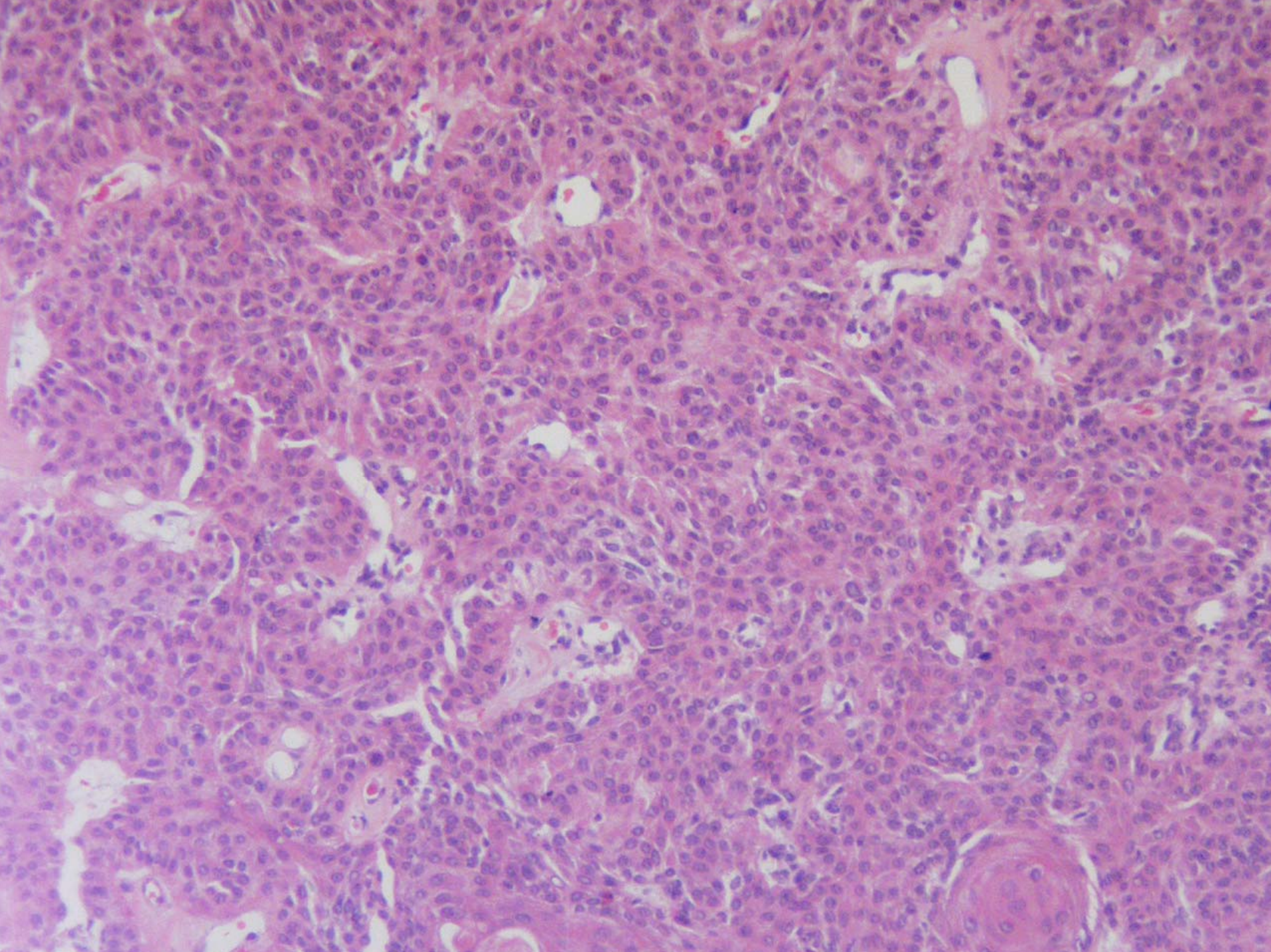
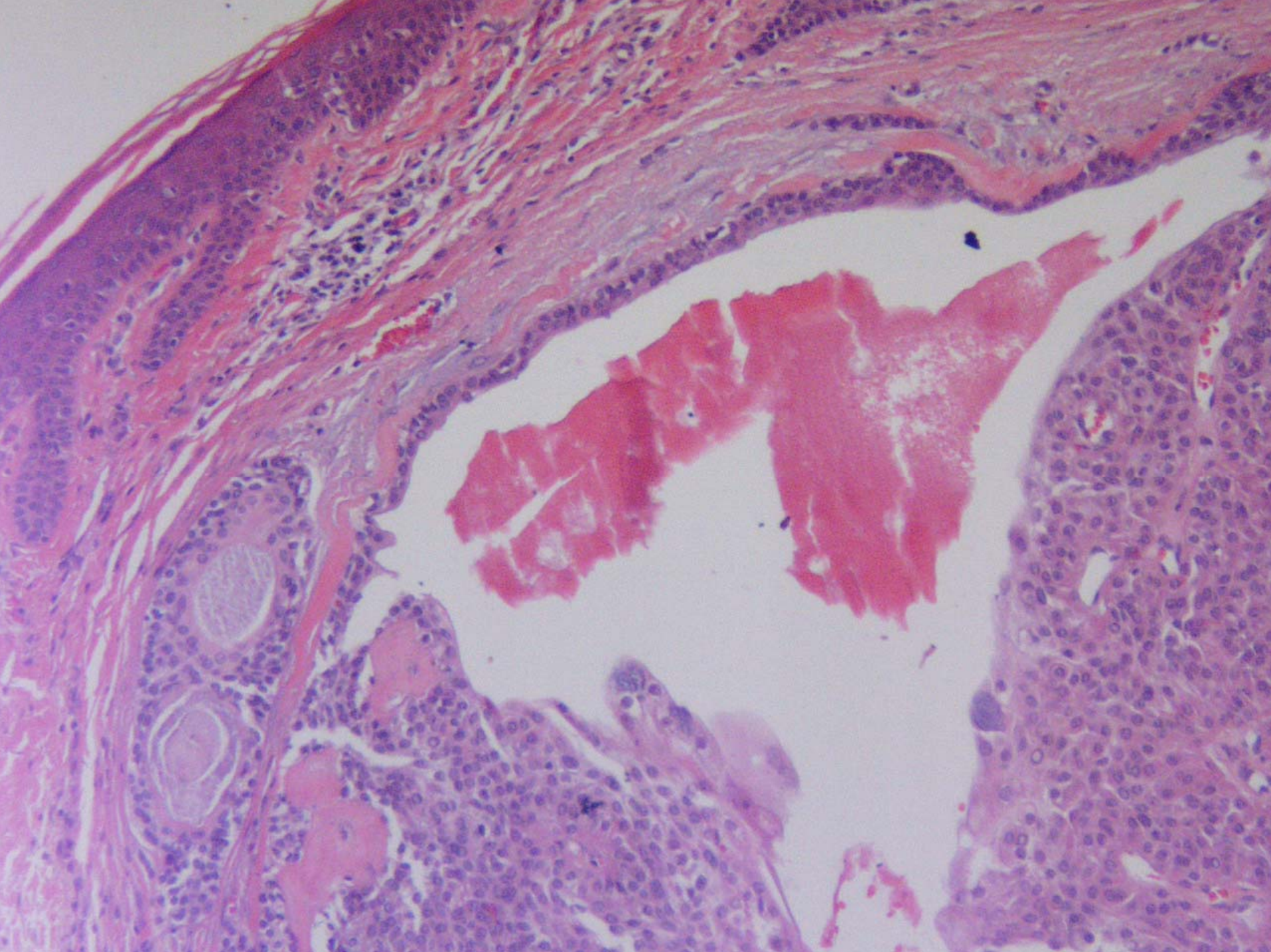
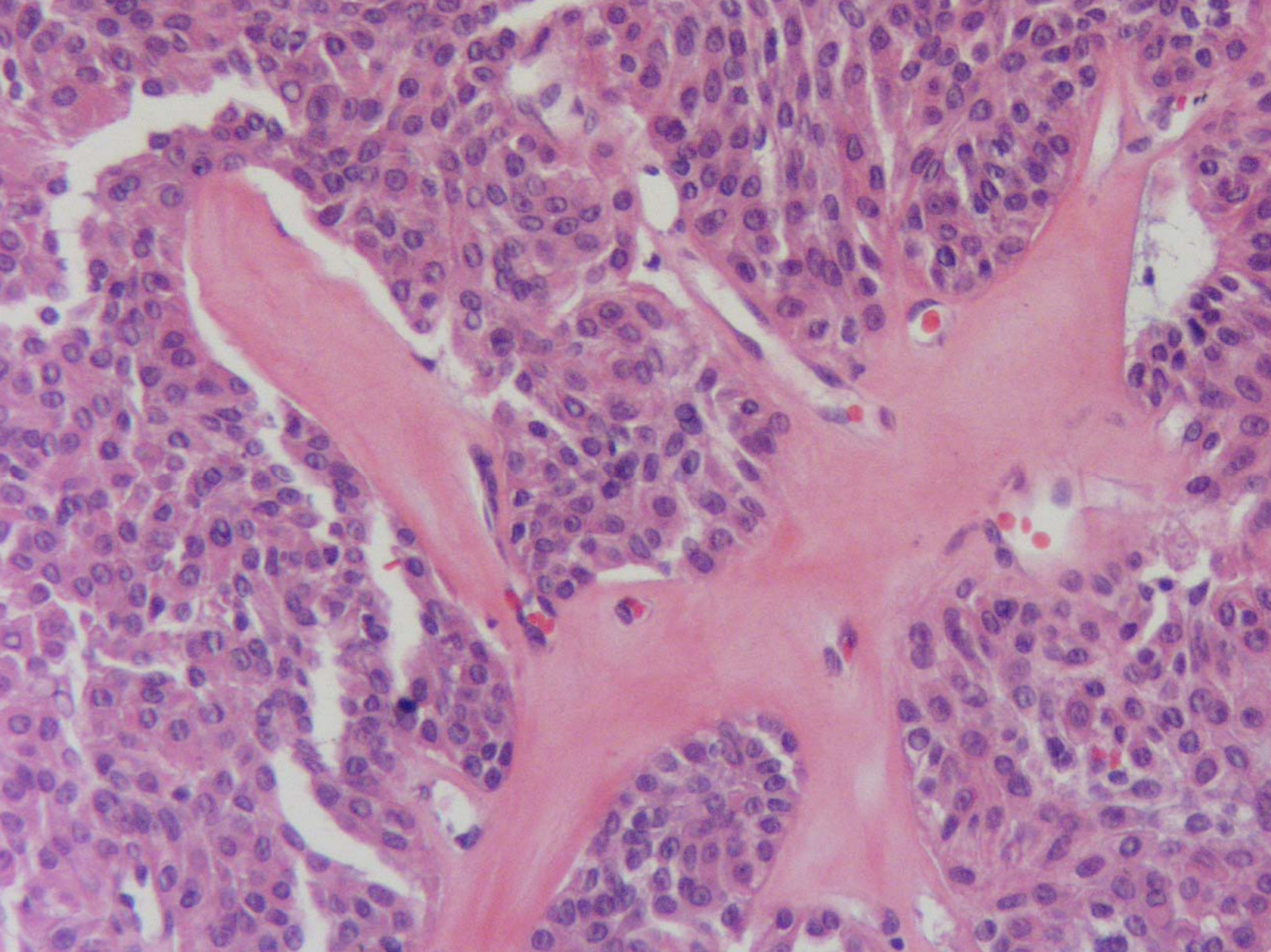
Pathology Inc.

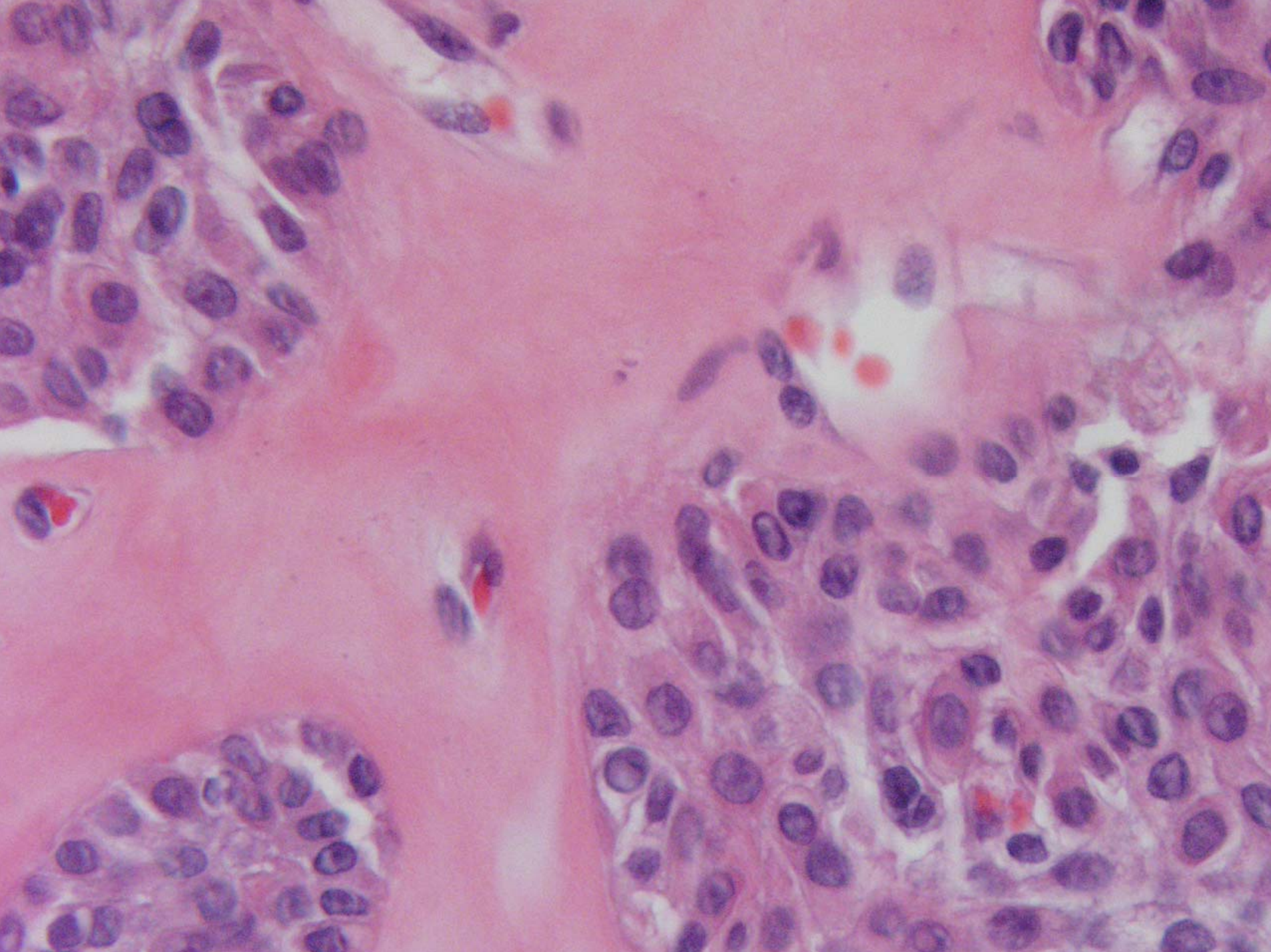






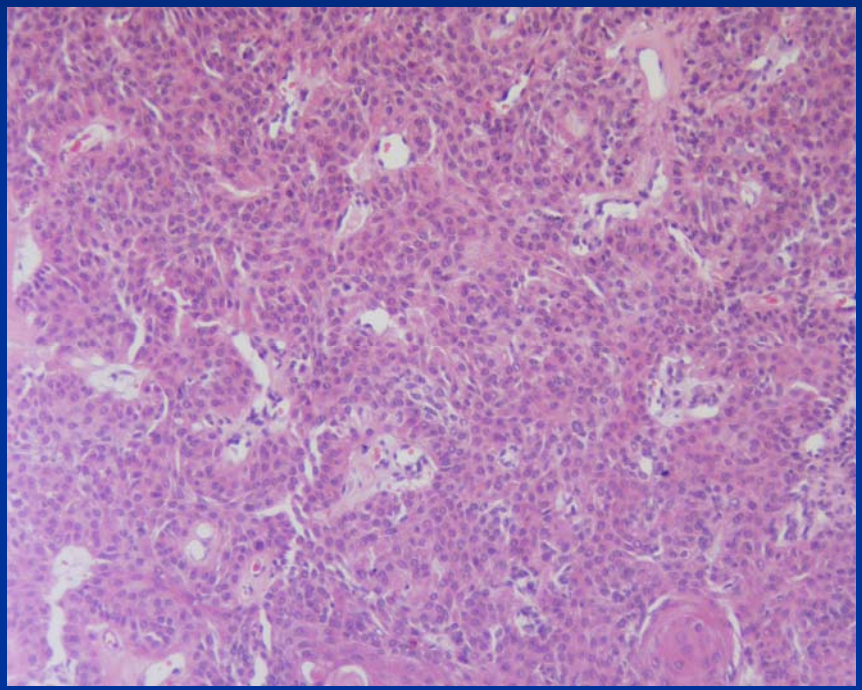




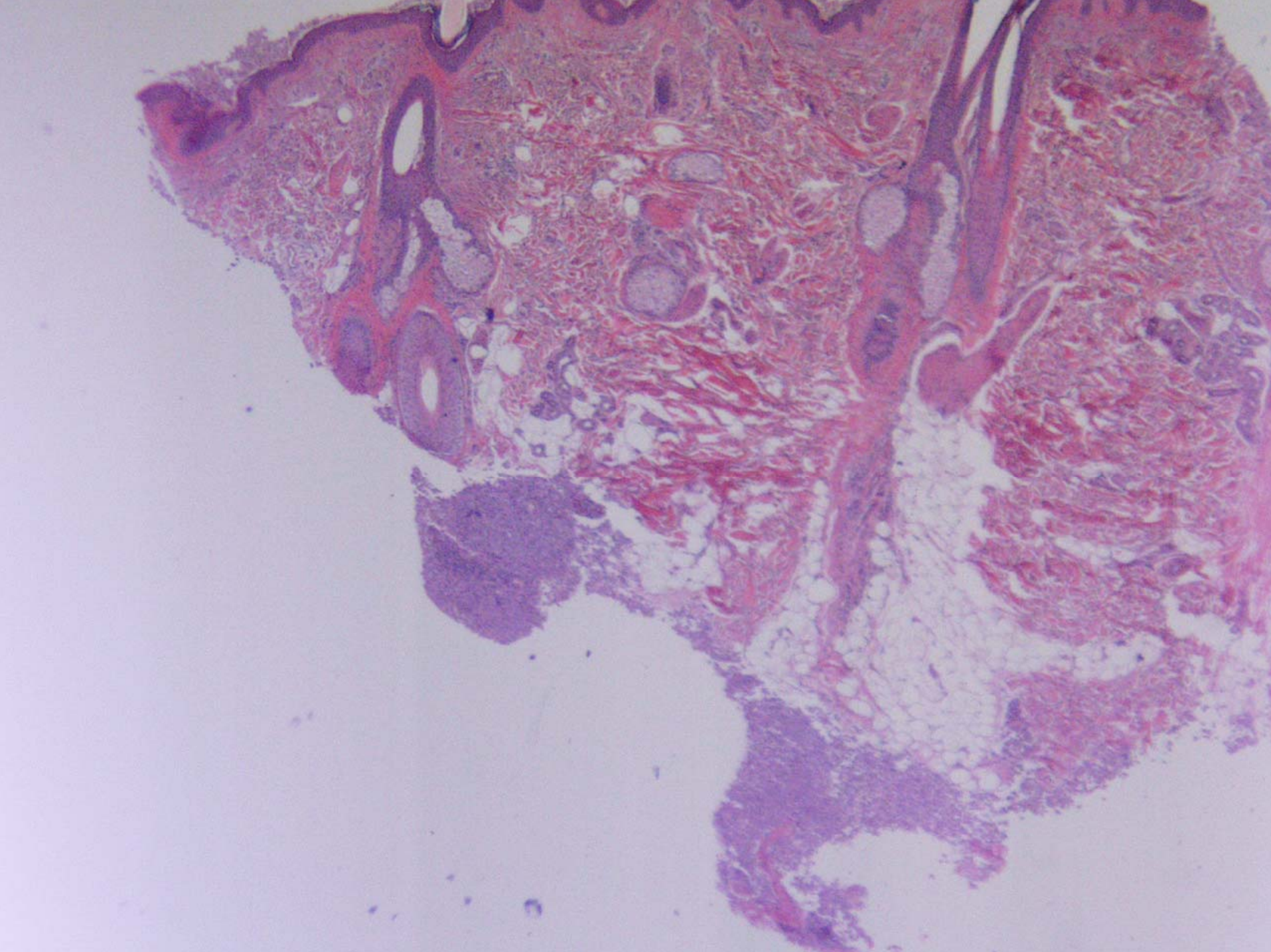


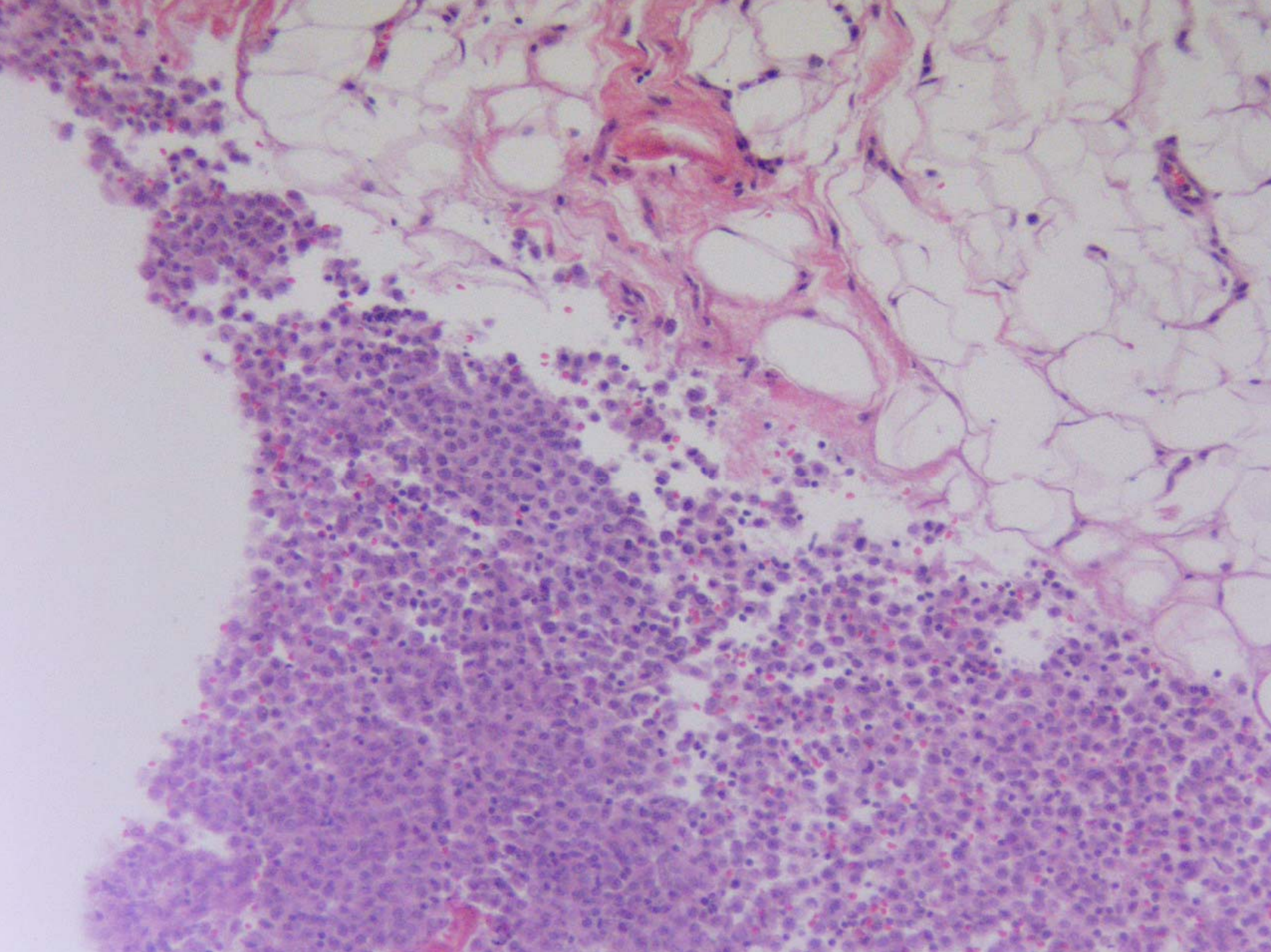
Nodular Hidradenoma

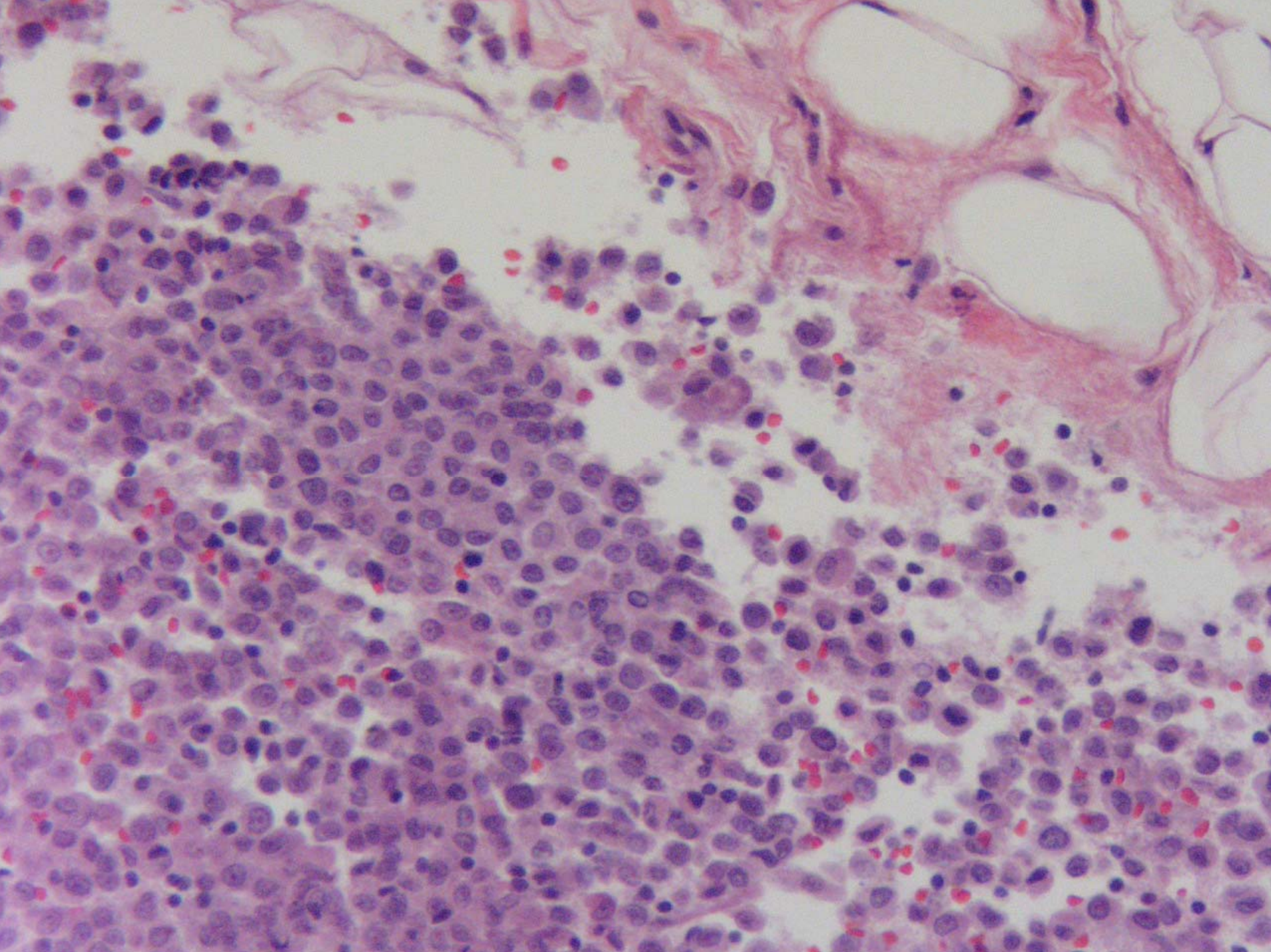
Histopathology

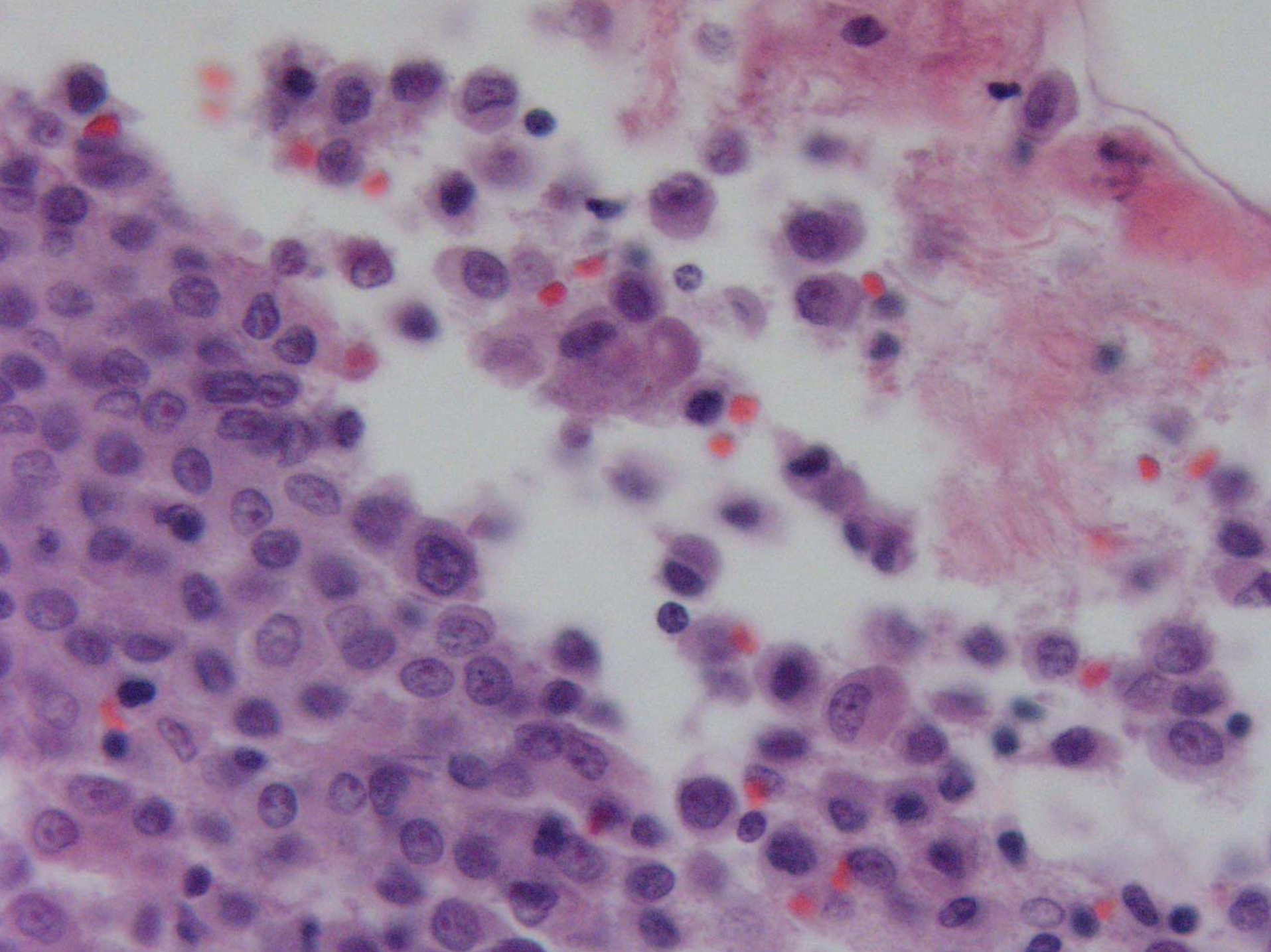


- Nodular and cystic dermal proliferation
- Squamous cells with clear cell changes
- Hyalinization around BV
- Rule out clear cell tumors-mets, glomus tumor



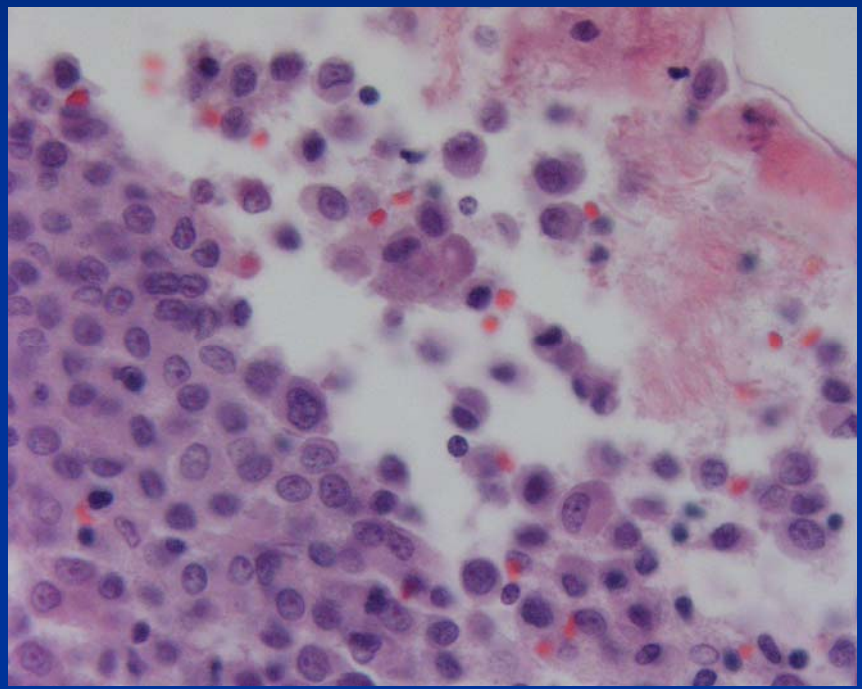




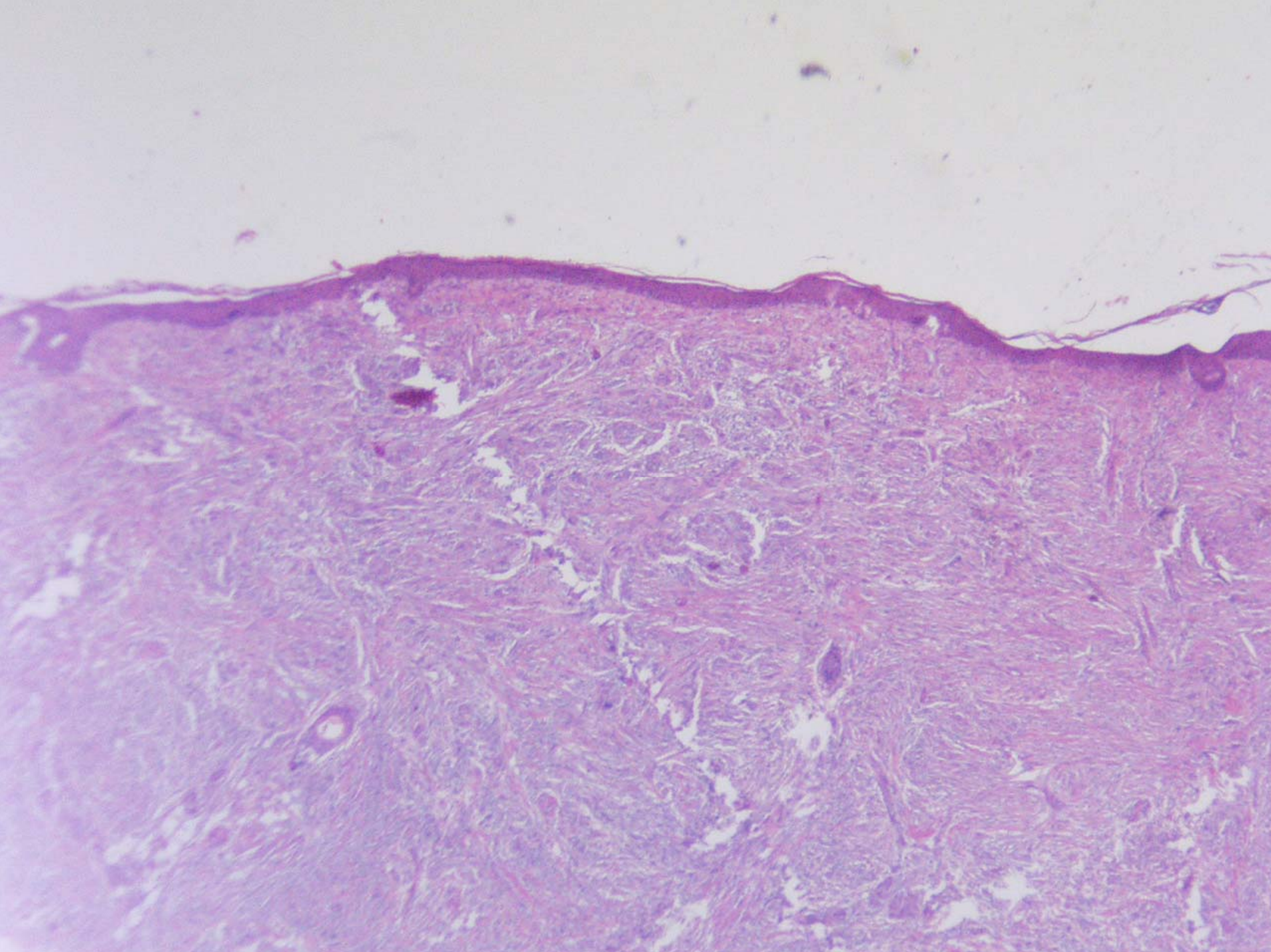


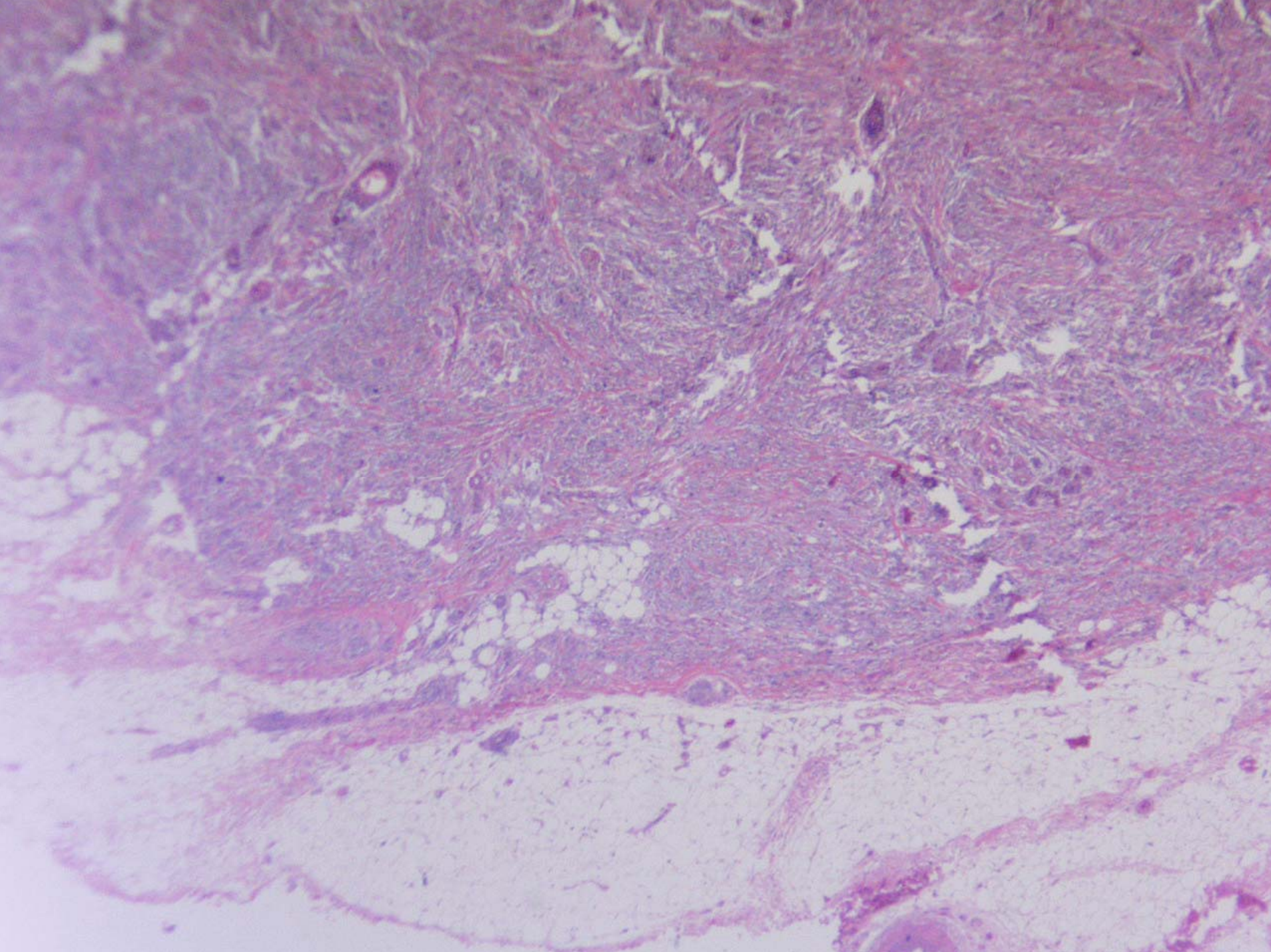
Metastatic Malignant Melanoma

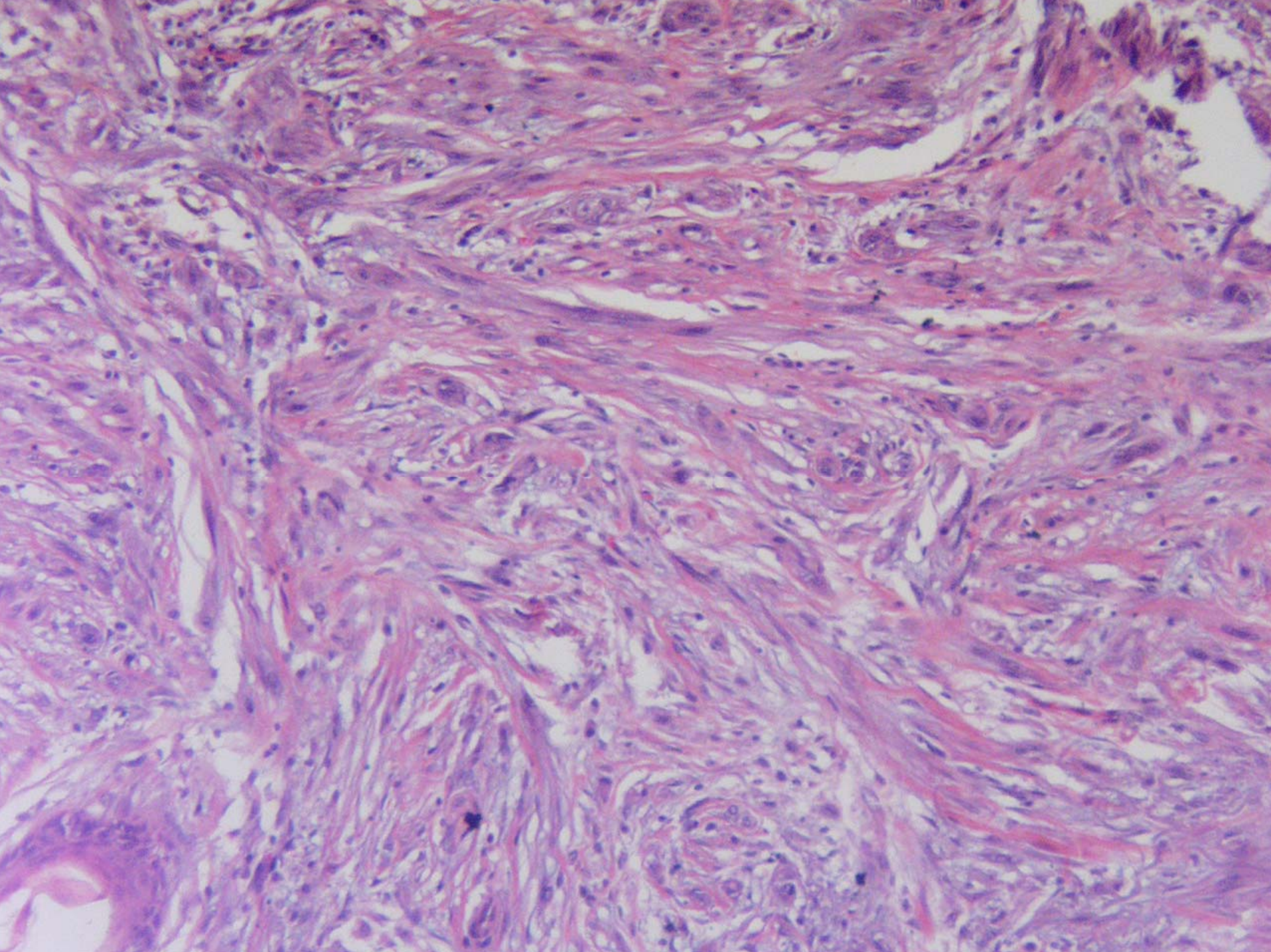
Histopathology

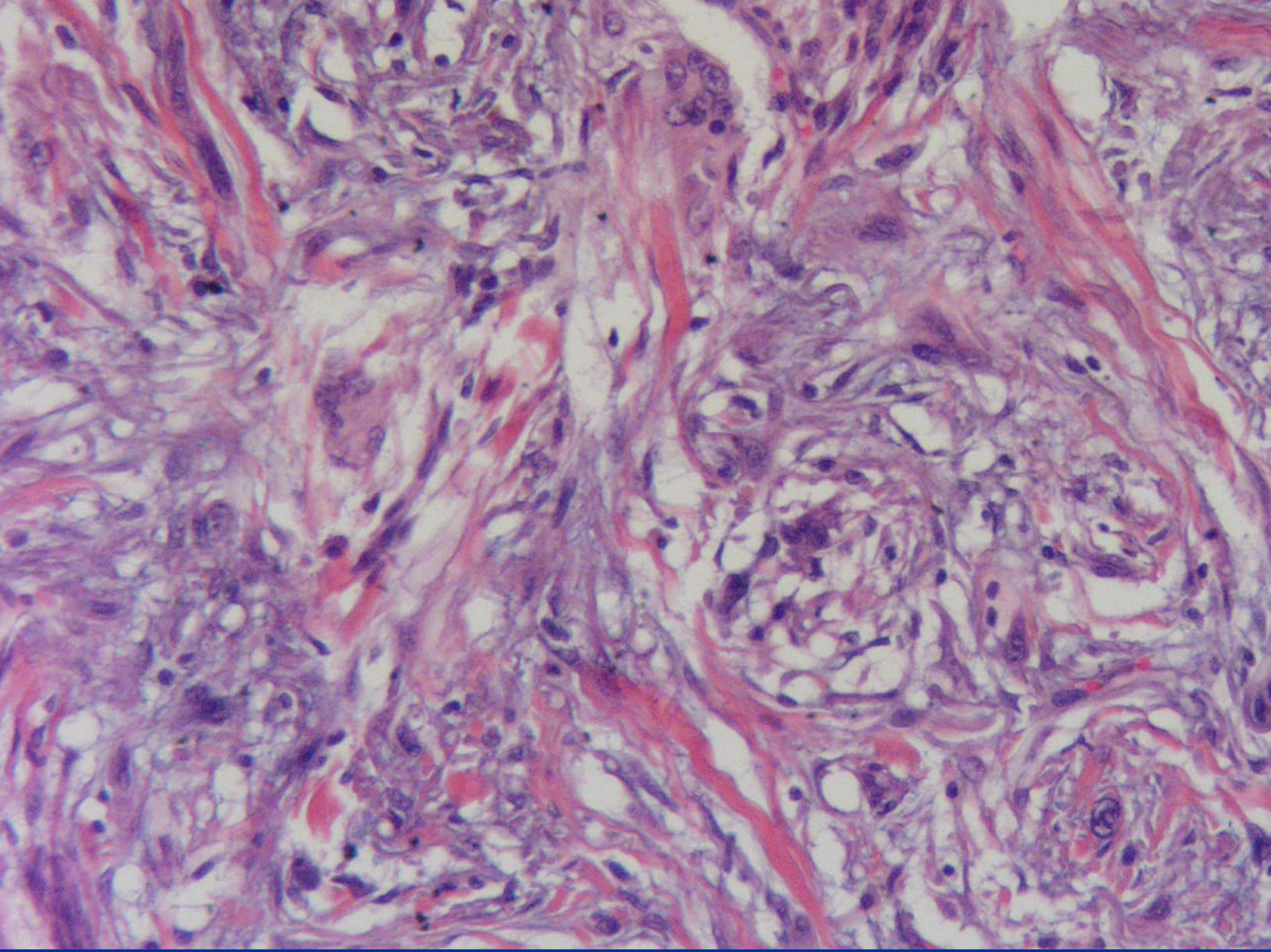


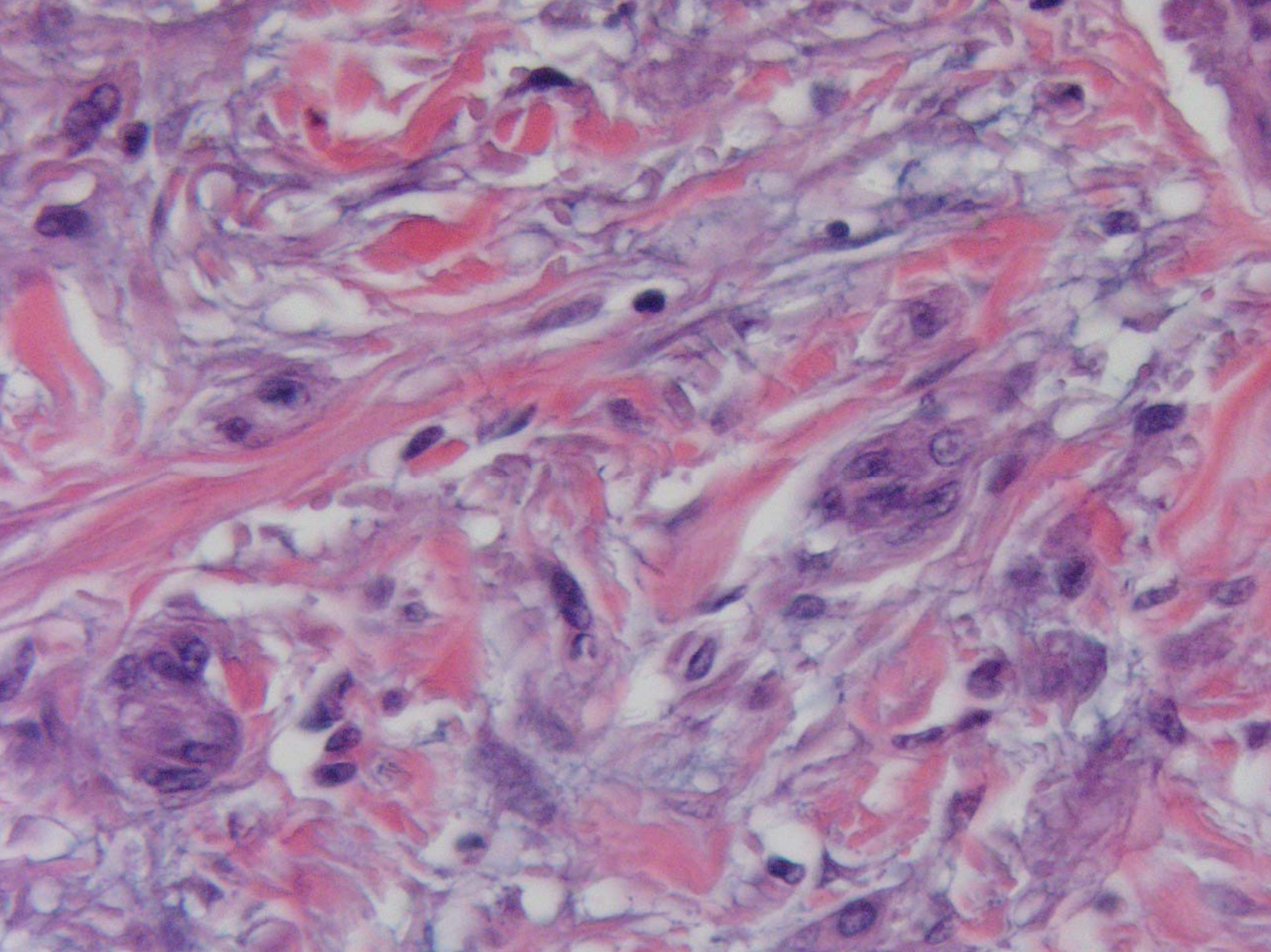
- Clinical history-rule out regressed lesion
- May require IPOX confirmation, esp. in amelanotic cases
- ?Primary soft tissue melanoma

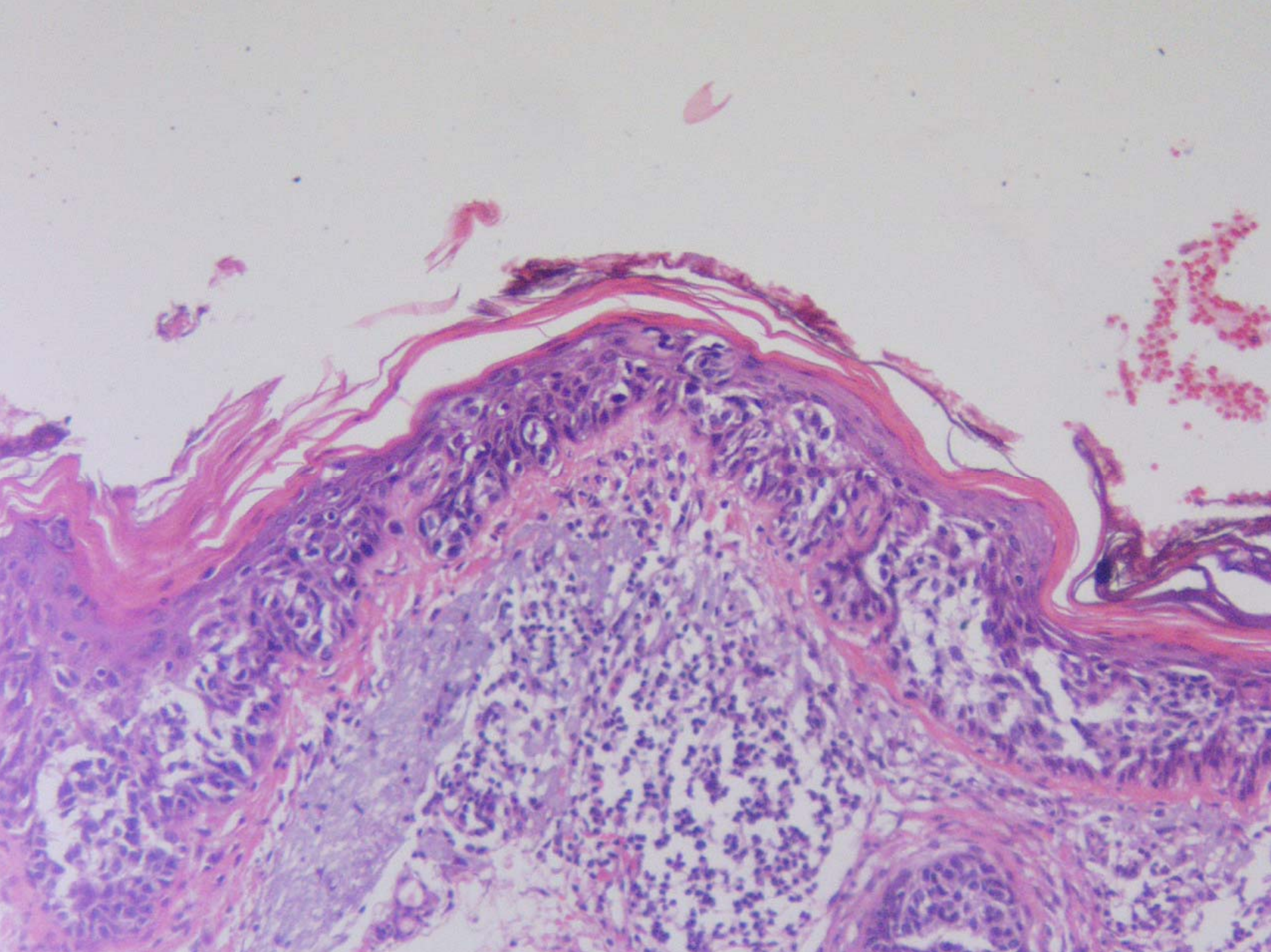


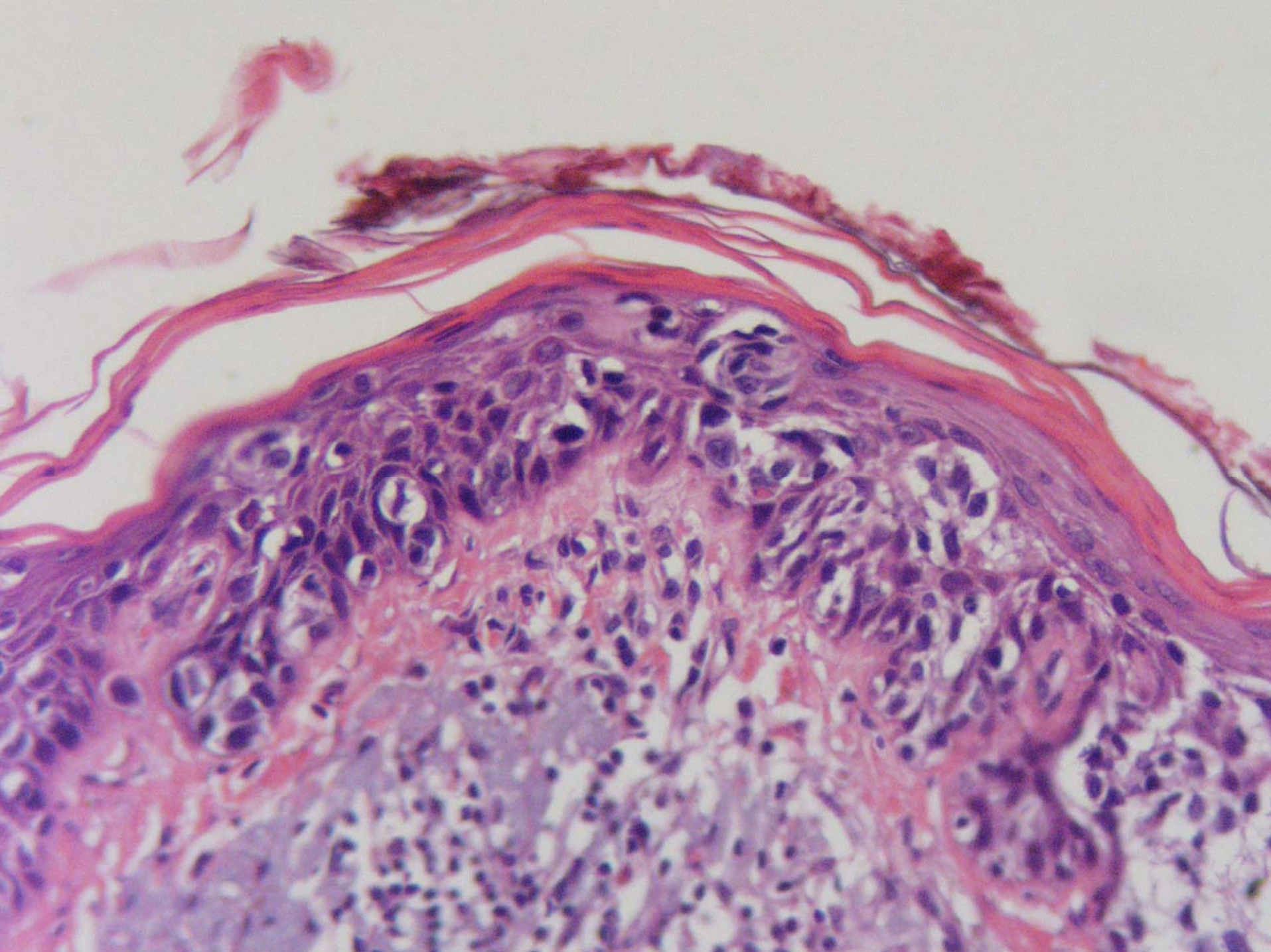






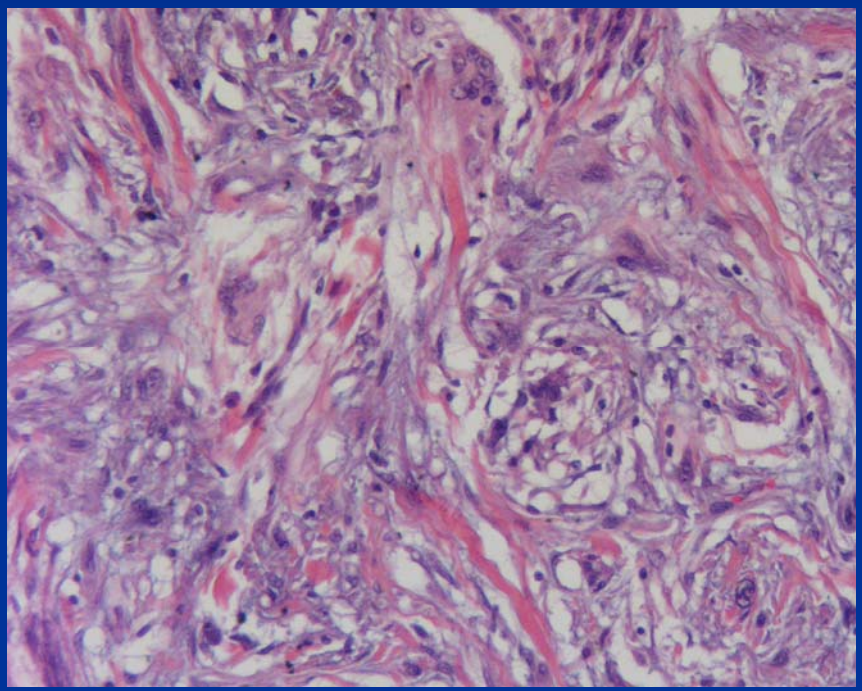




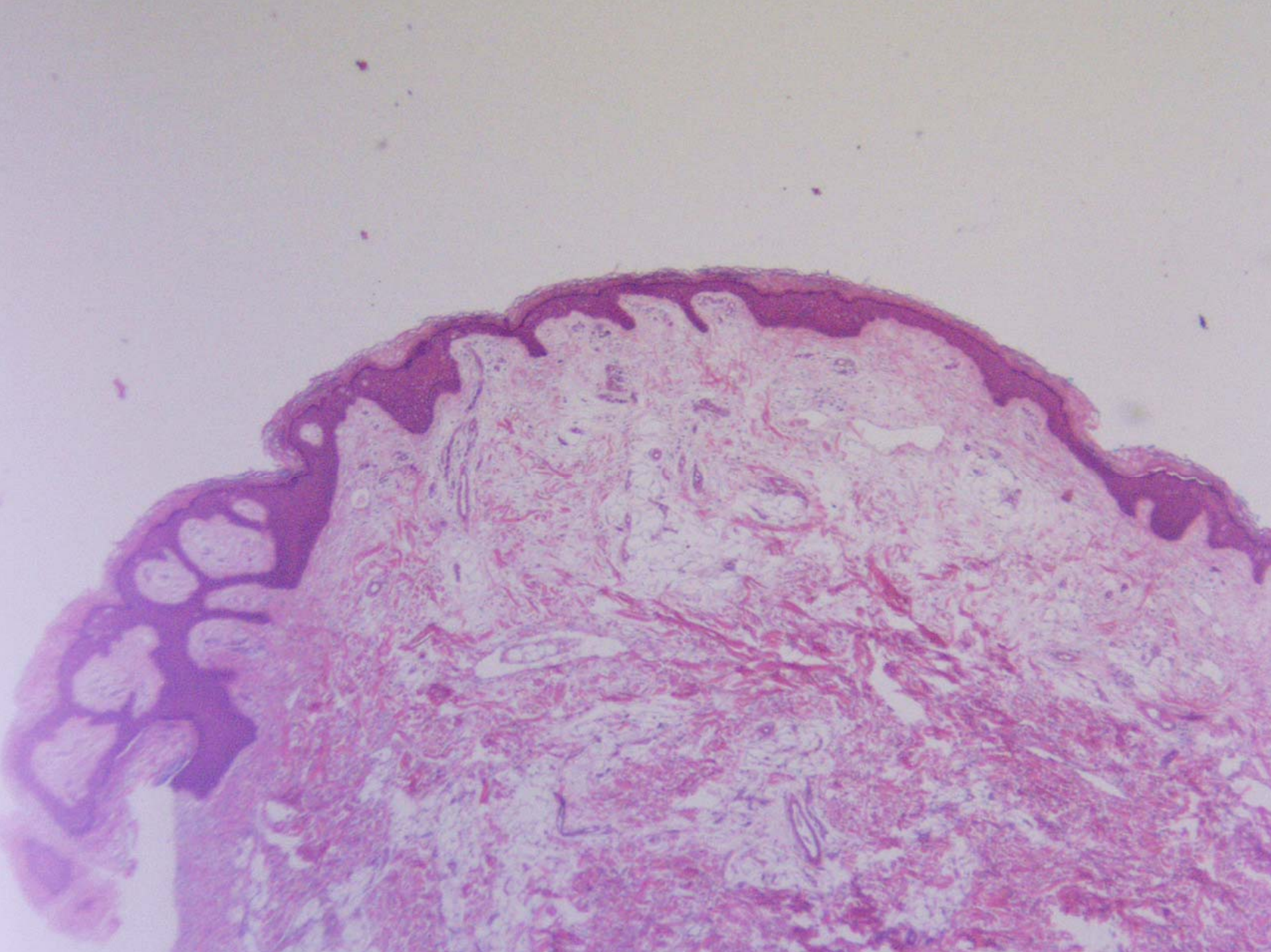


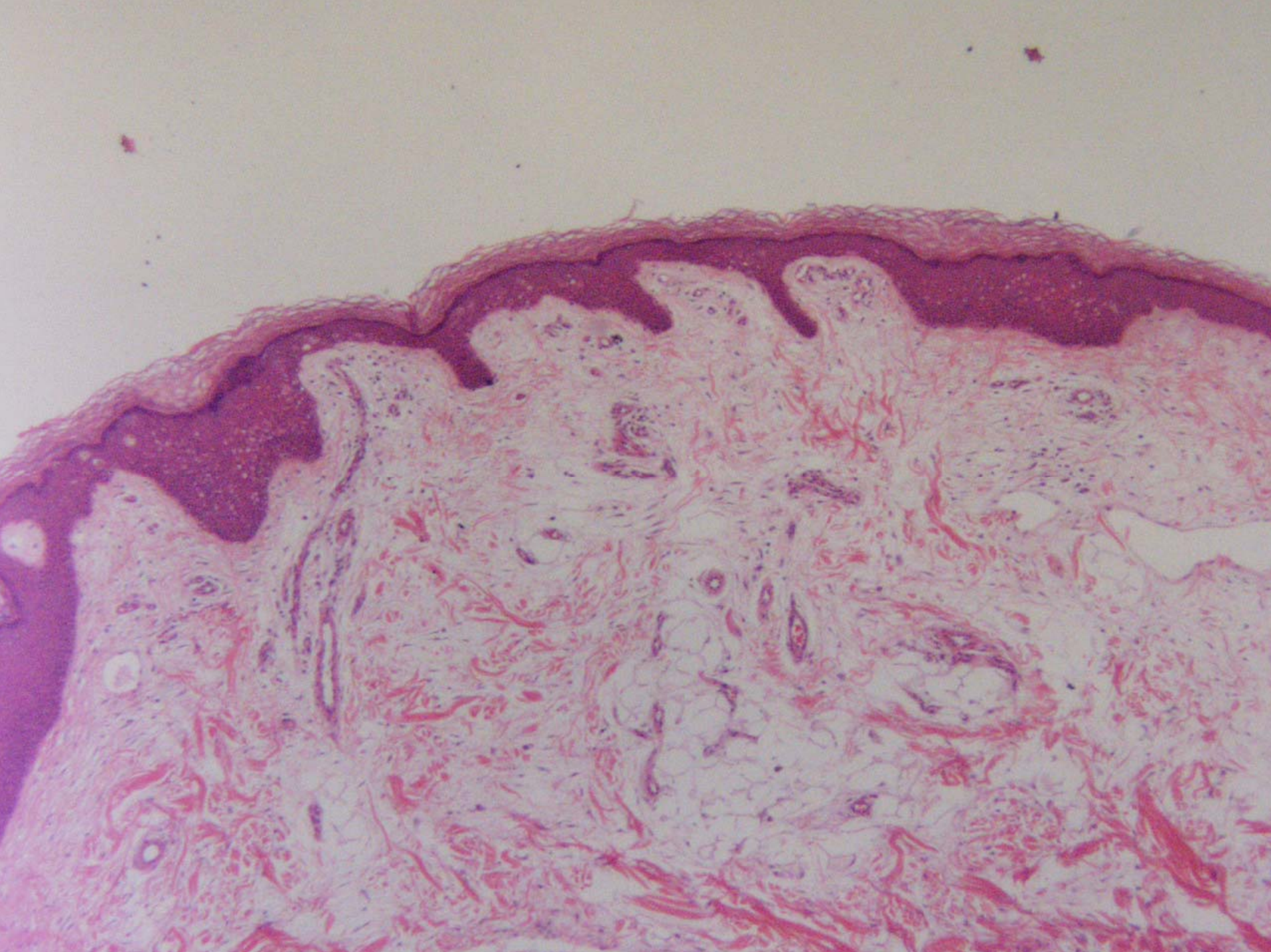
Desmoplastic Malignant Melanoma

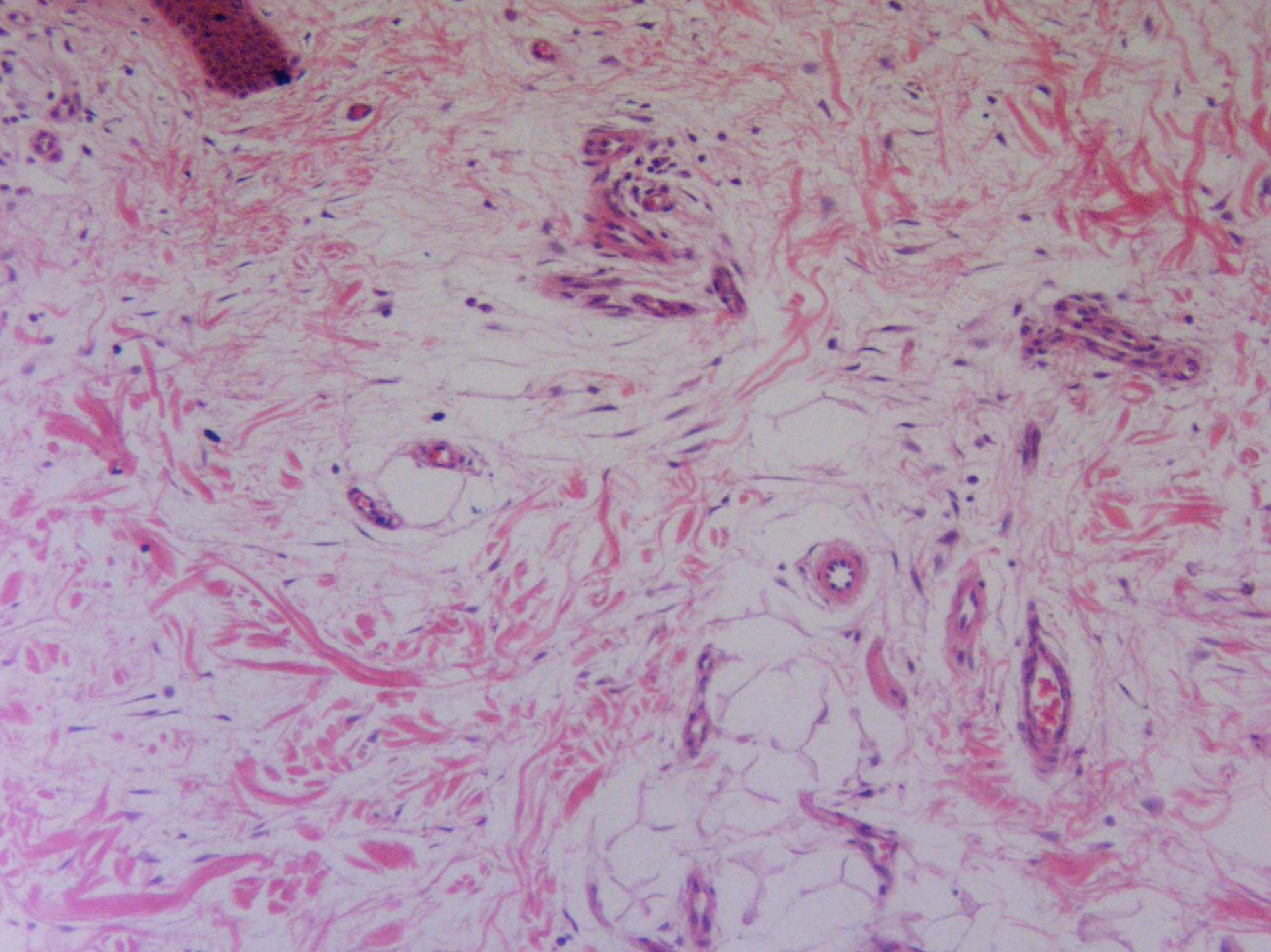
Histopathology

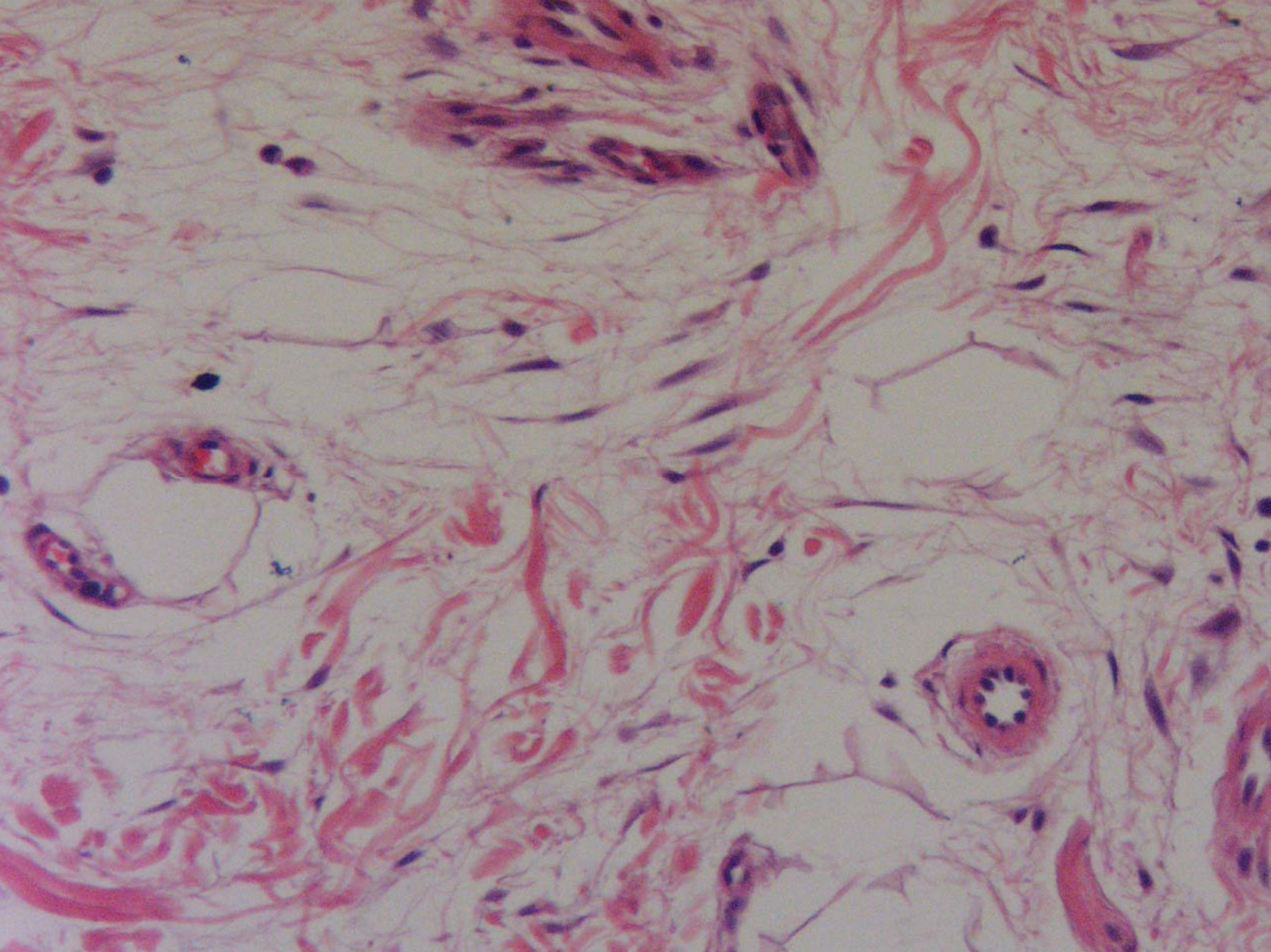


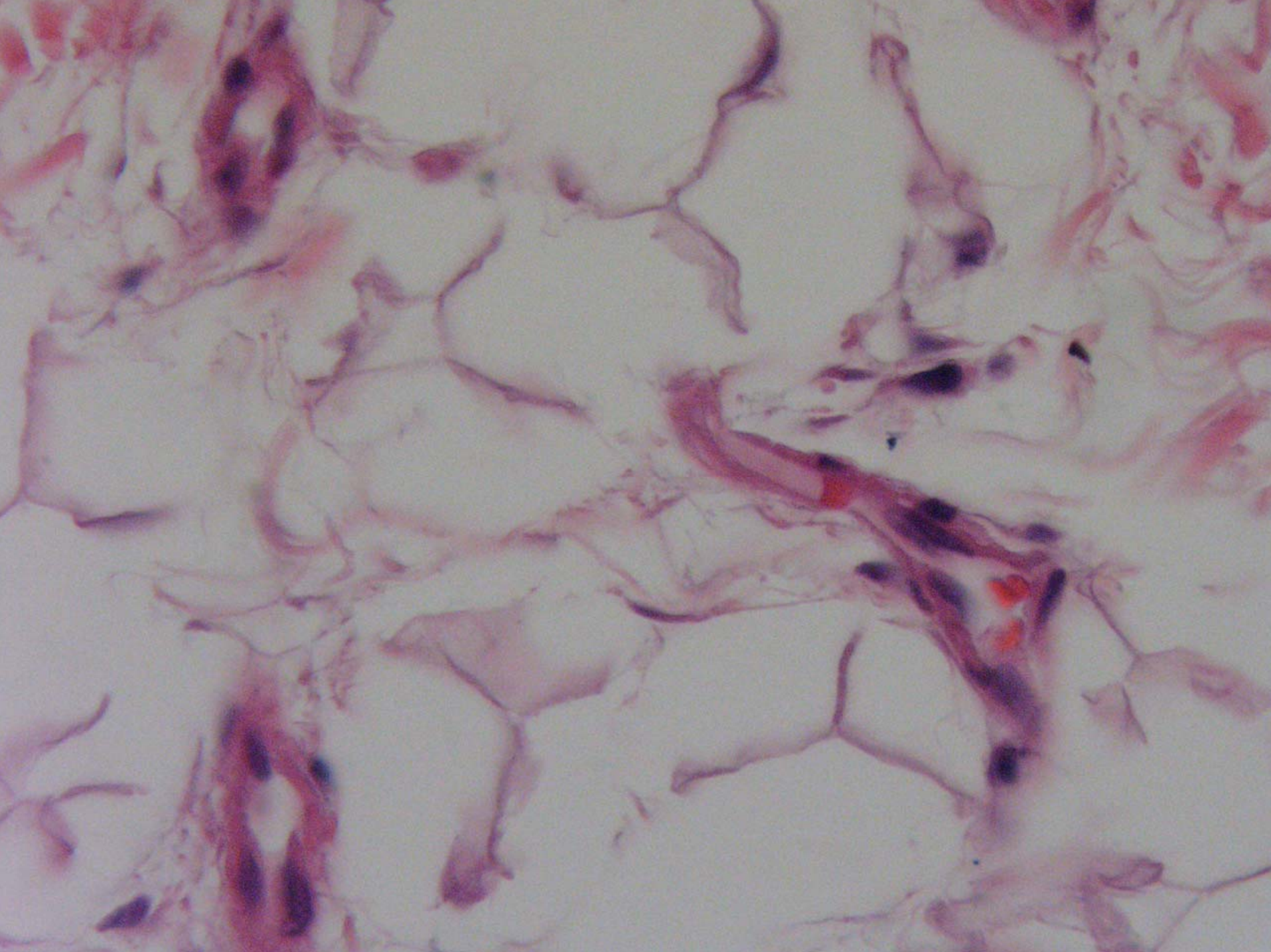
- Spindle cell proliferation extending deeply throughout dermis
- Myxoid background
- May have collections of chronic inflammatory cells
- Cytologic atypia variable
- Melanin pigment usually absent
- Junctional melanocytic proliferation variable
- Caution with IPOX





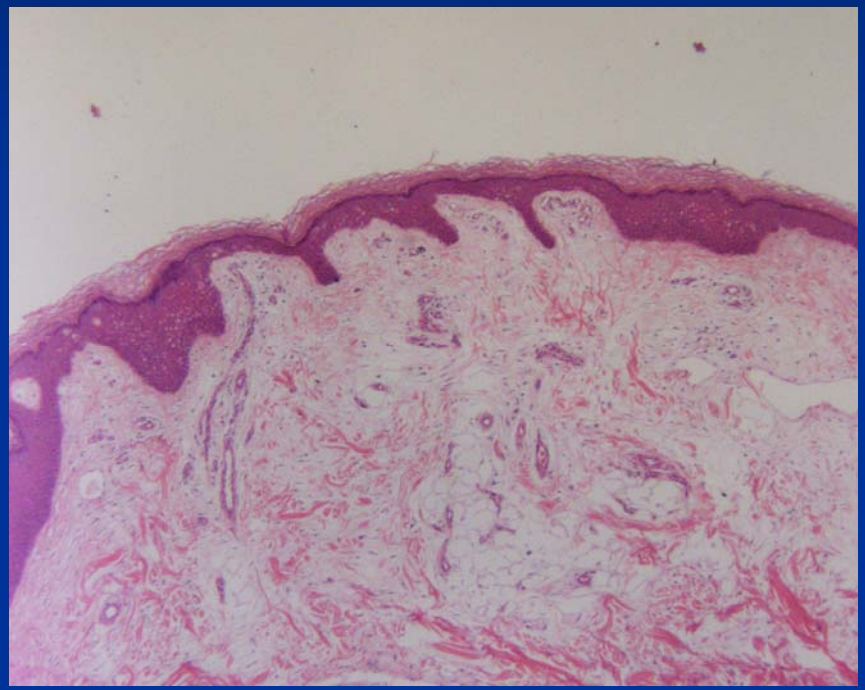




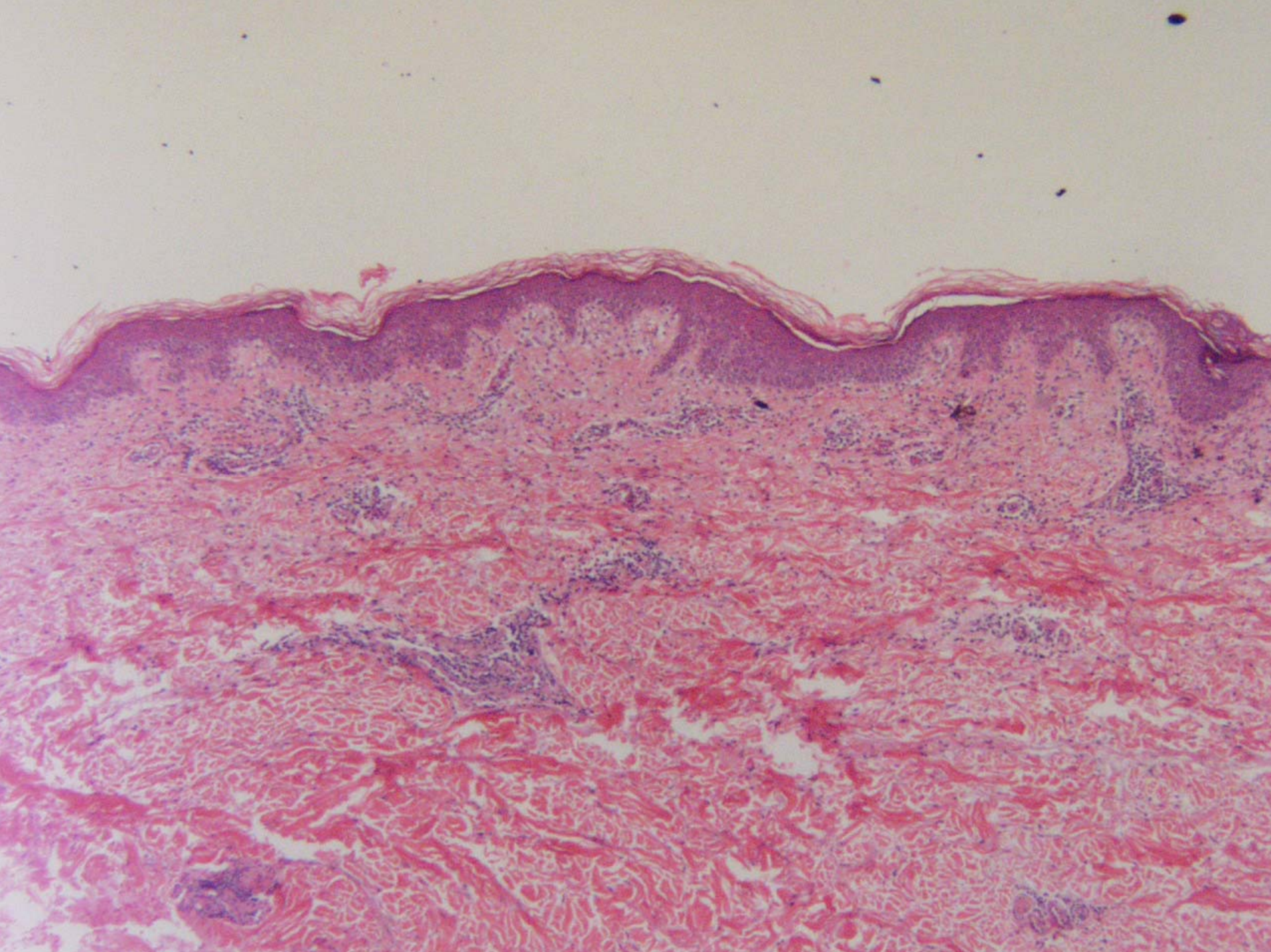


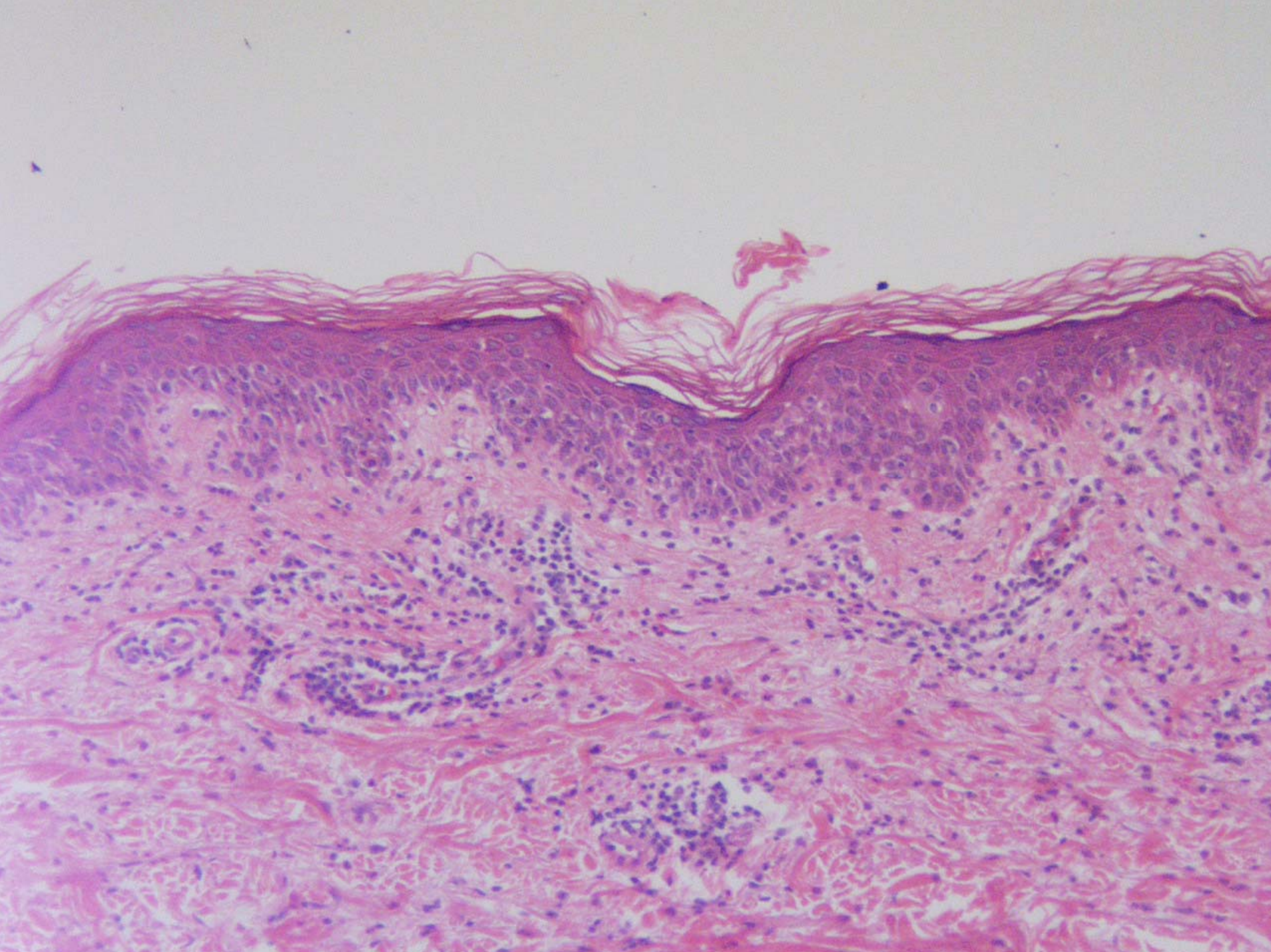
Nevus Lipomatosus

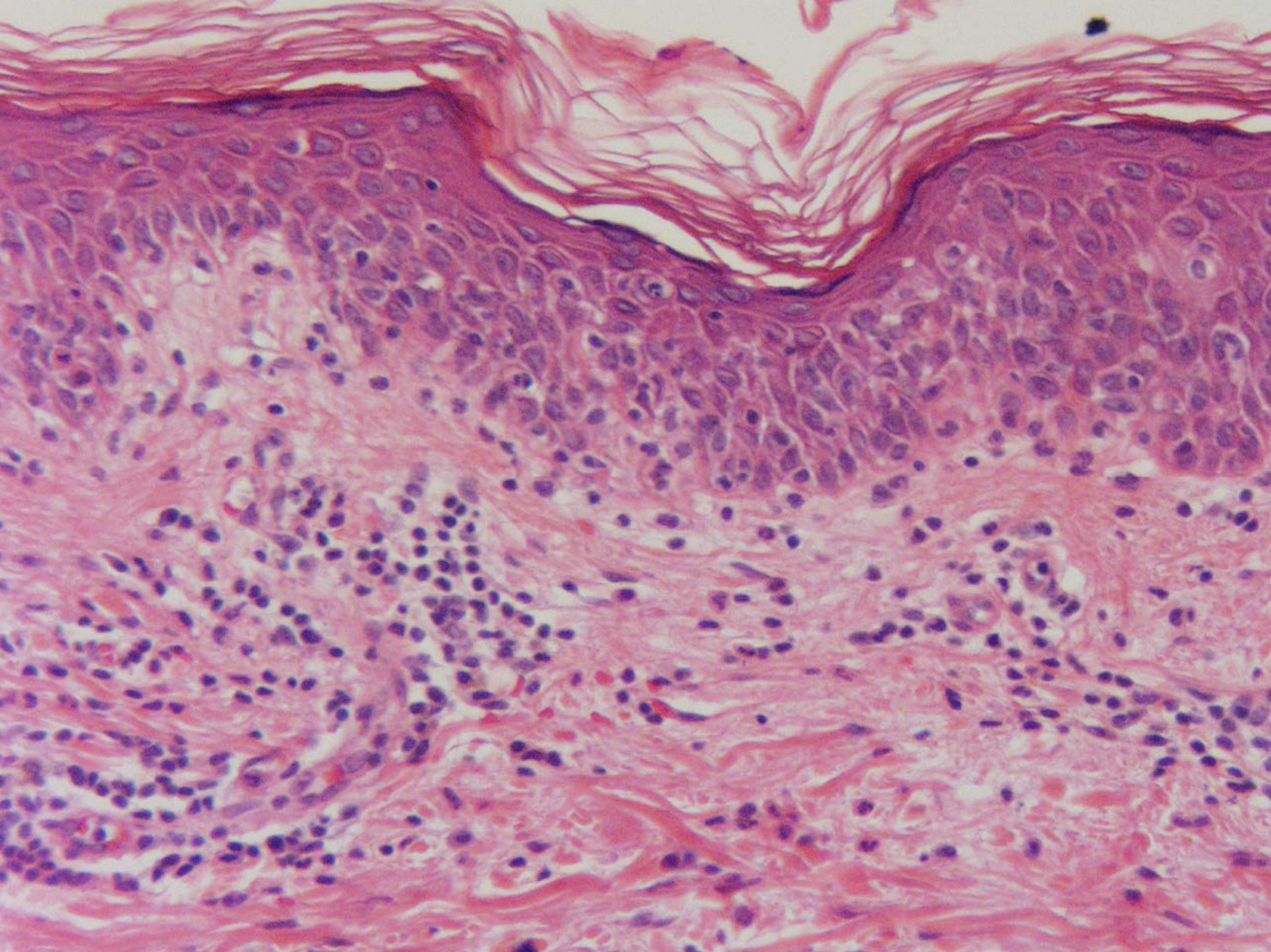
Histopathology

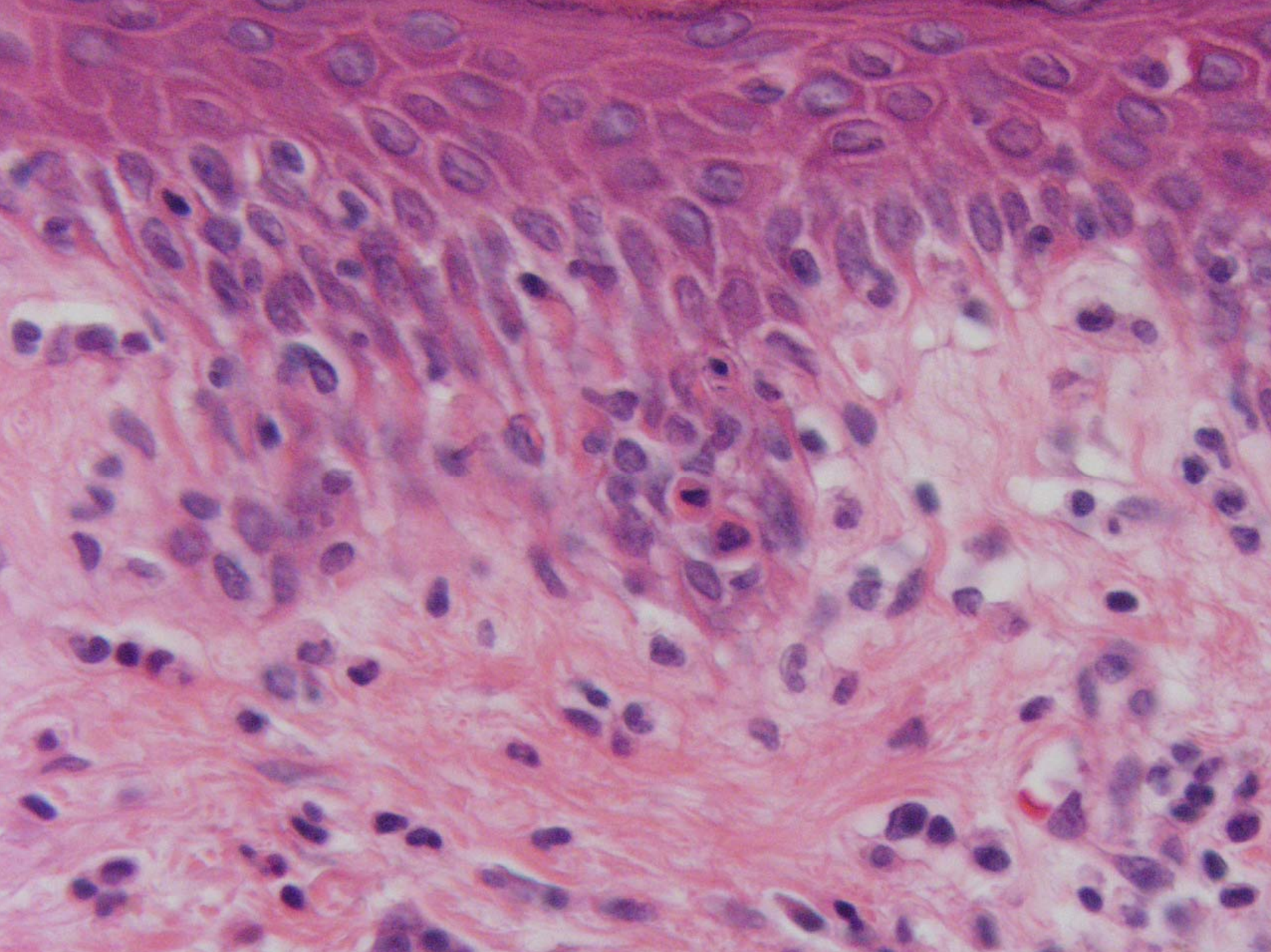


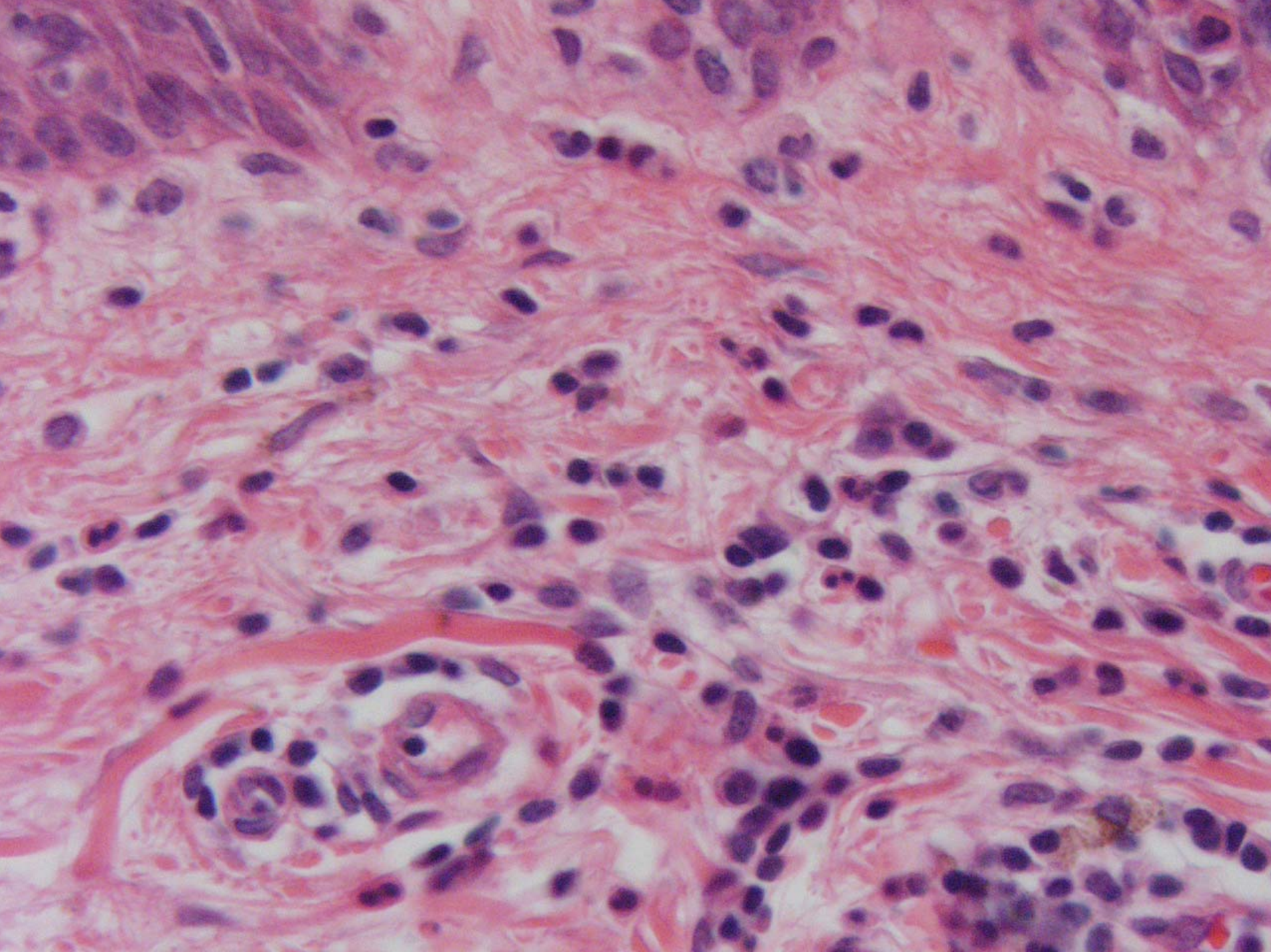
- Papillary dermal collection of mature adipose tissue
- Epidermal papillomatosis
- Clinical correlation
- Rule out dermal atrophy





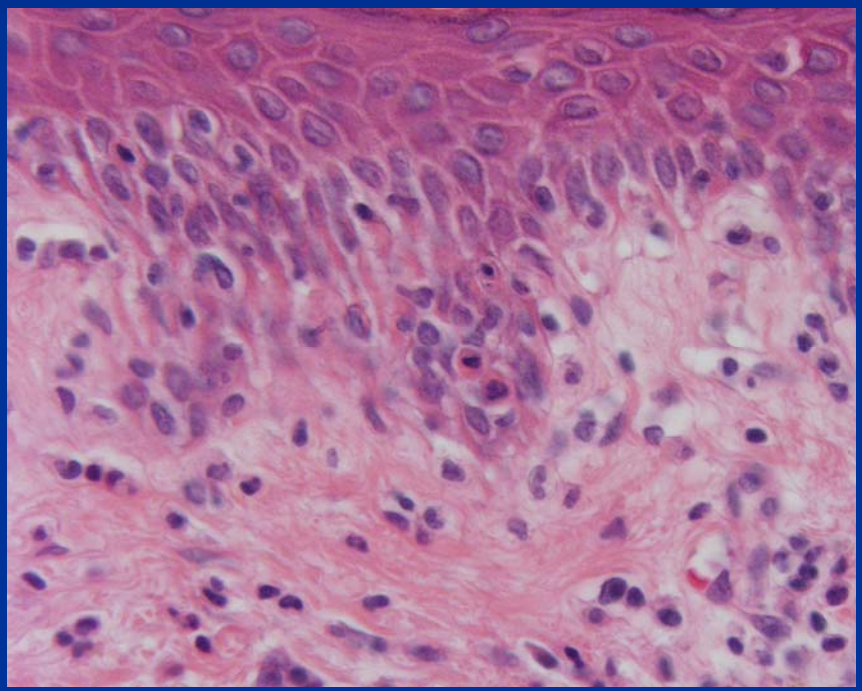




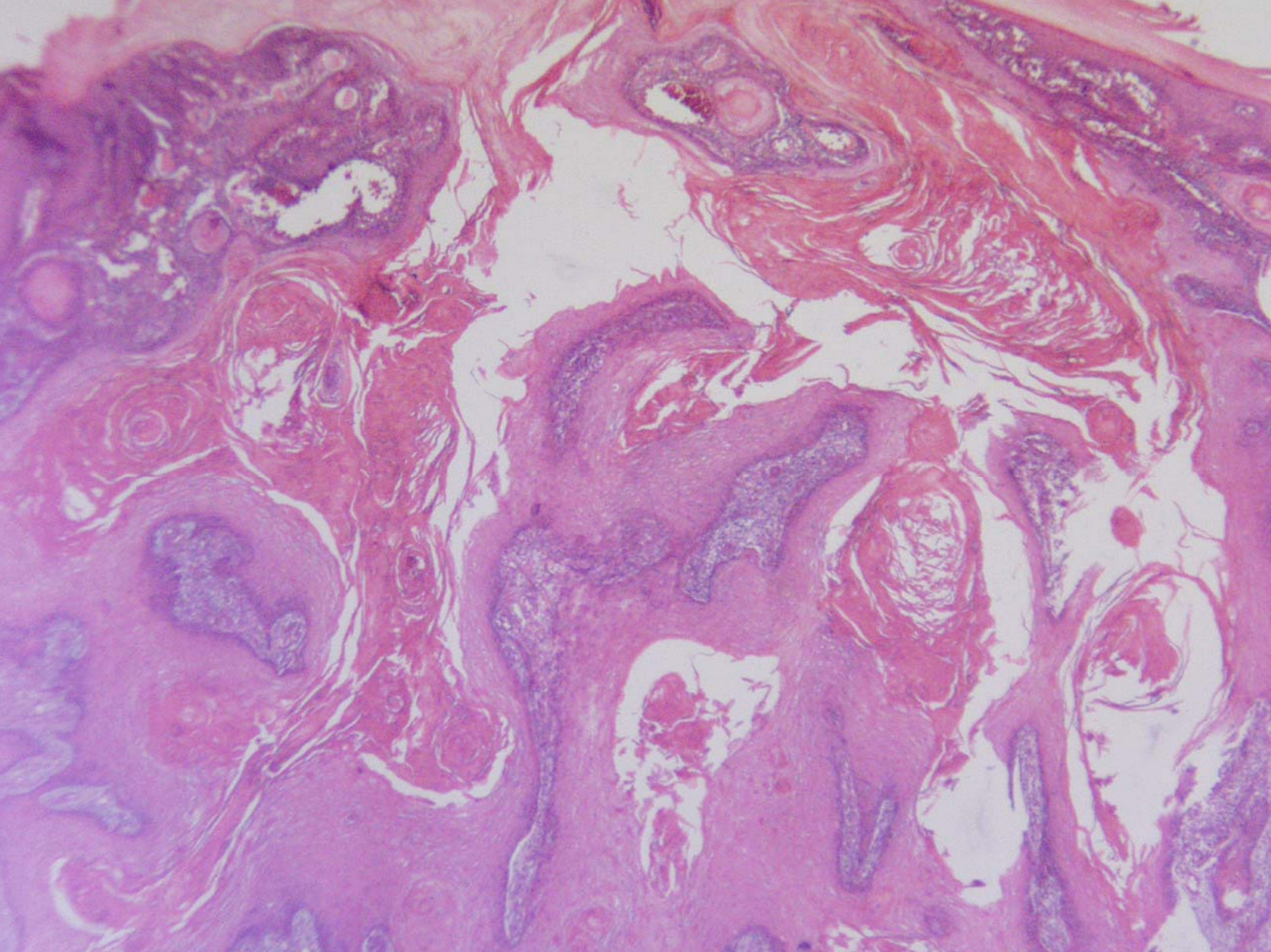


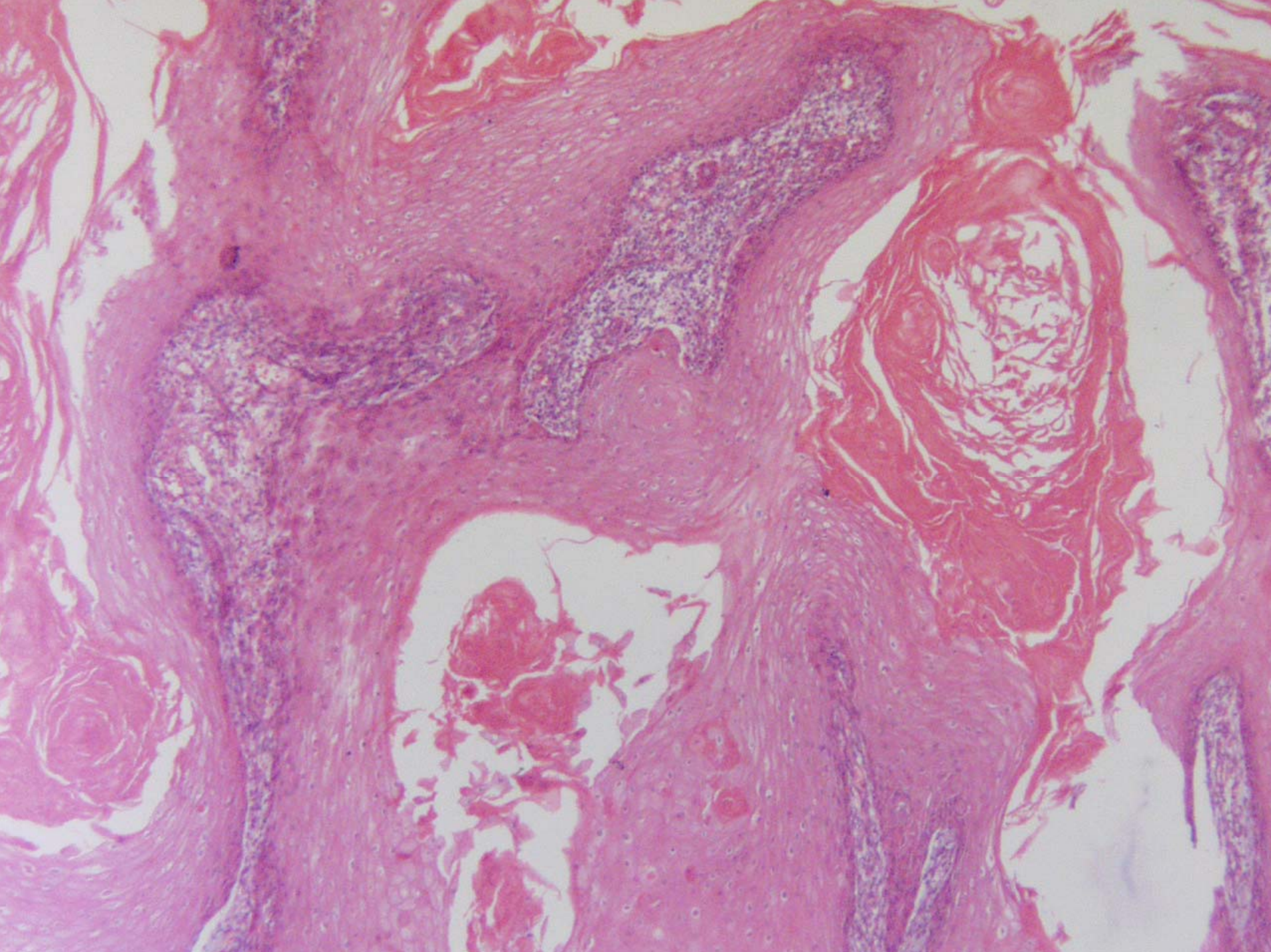
Drug Hypersensitivity

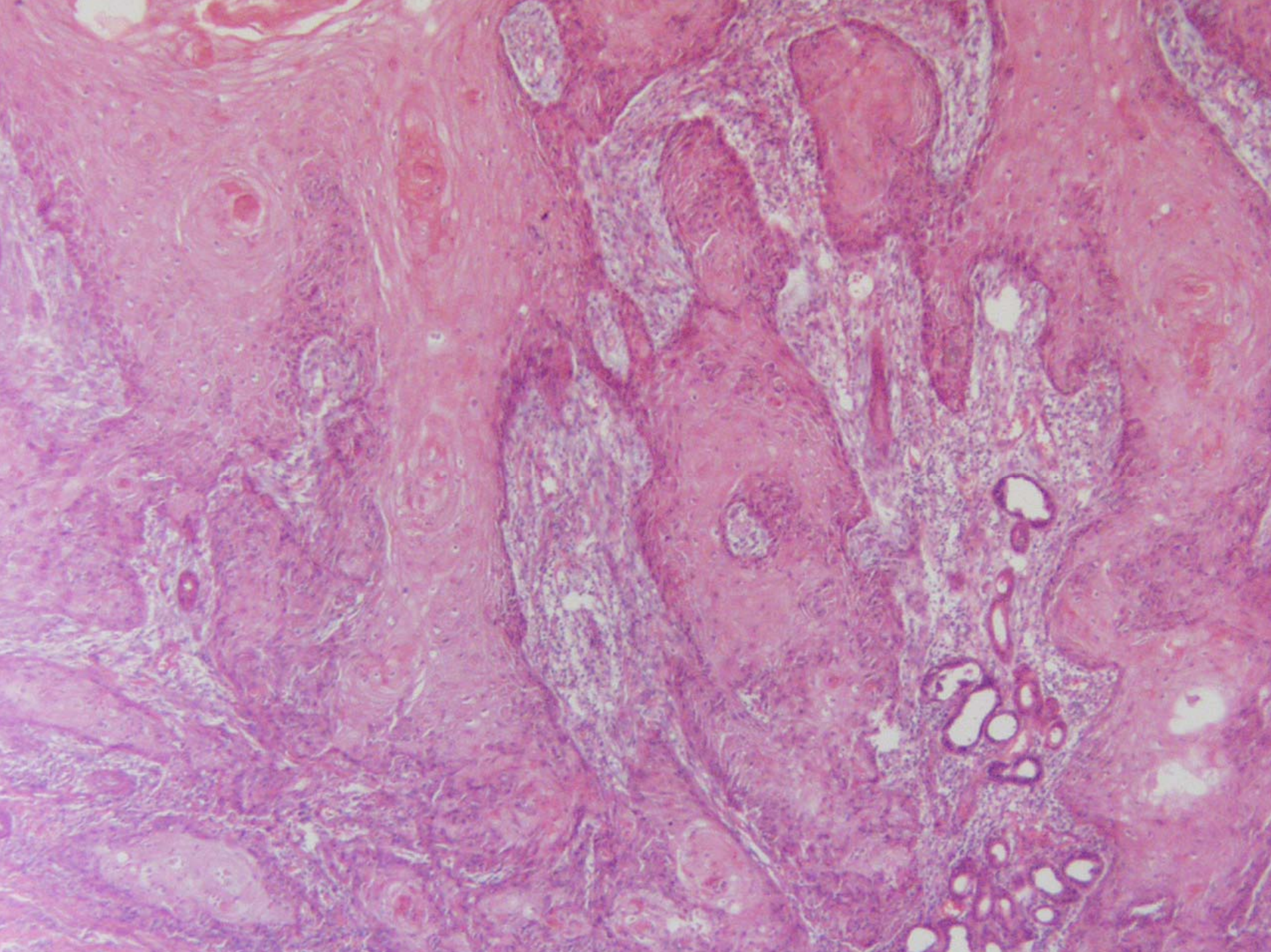
Histopathology

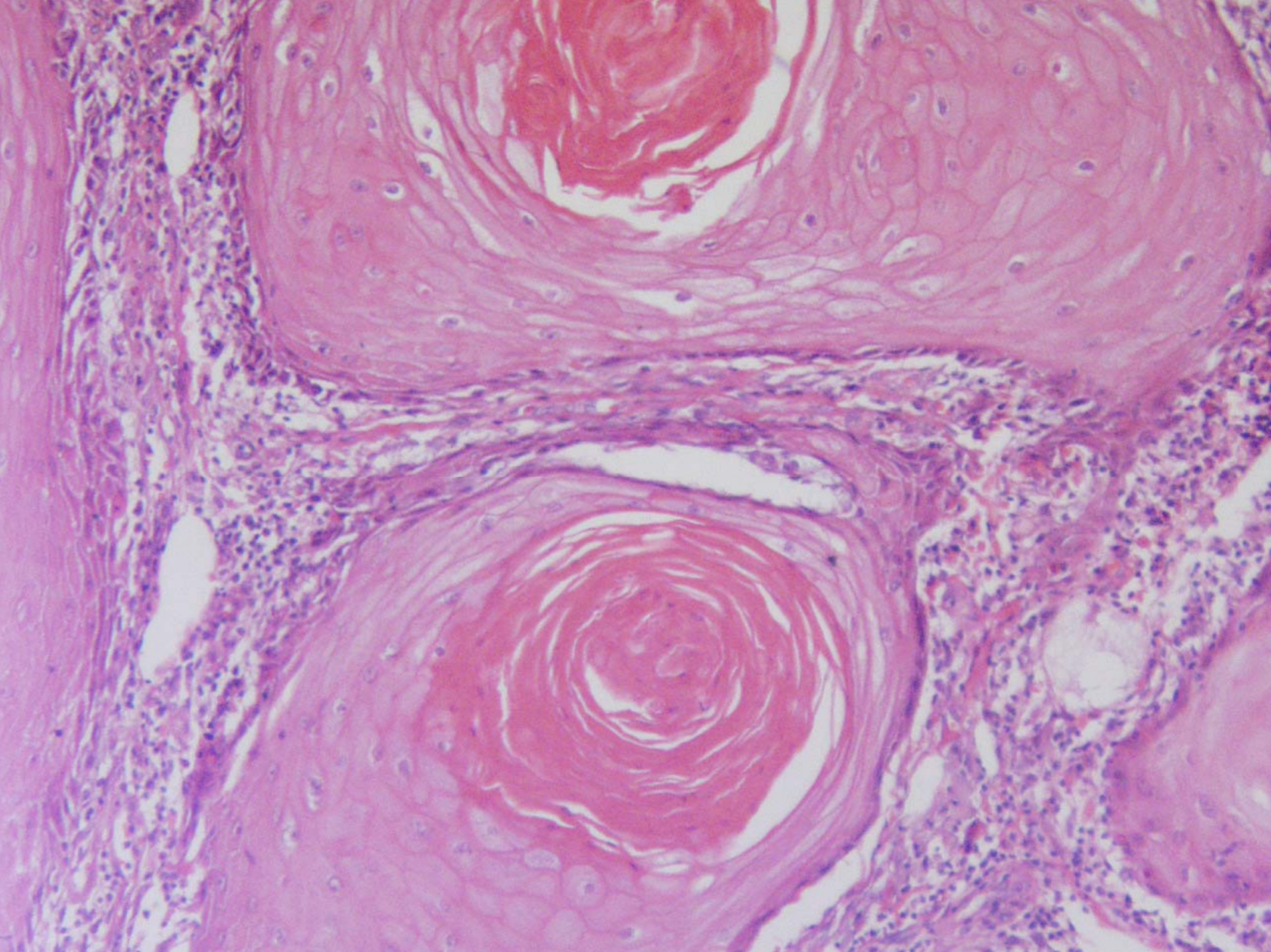


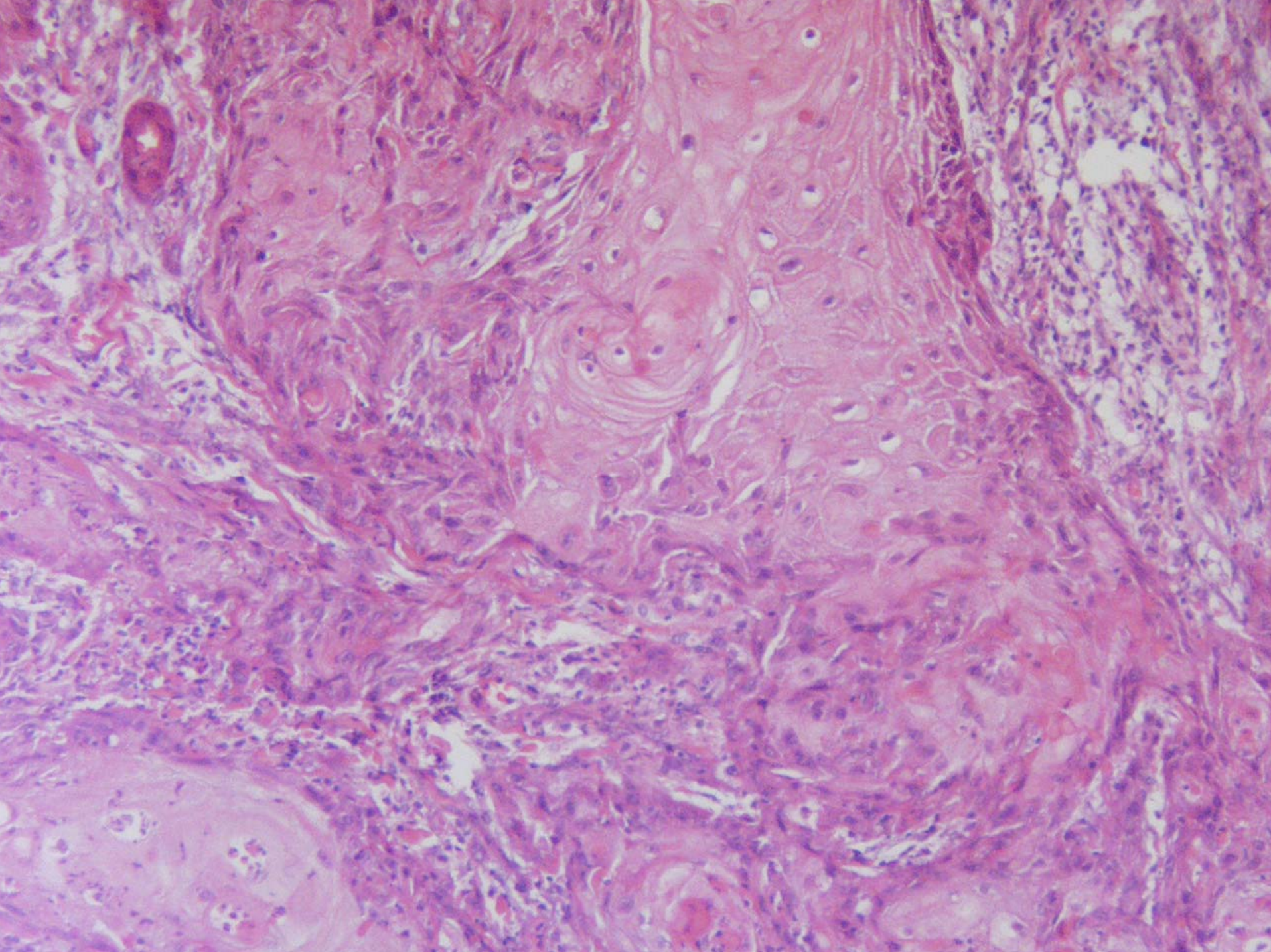
- No specific histopathology
- With numerous eosinophils, rule out urticarial phase of pemphigoid or pemphigus
- Rule out hypersensitivity rxns
- Rule out lymphomatoid drug rxn

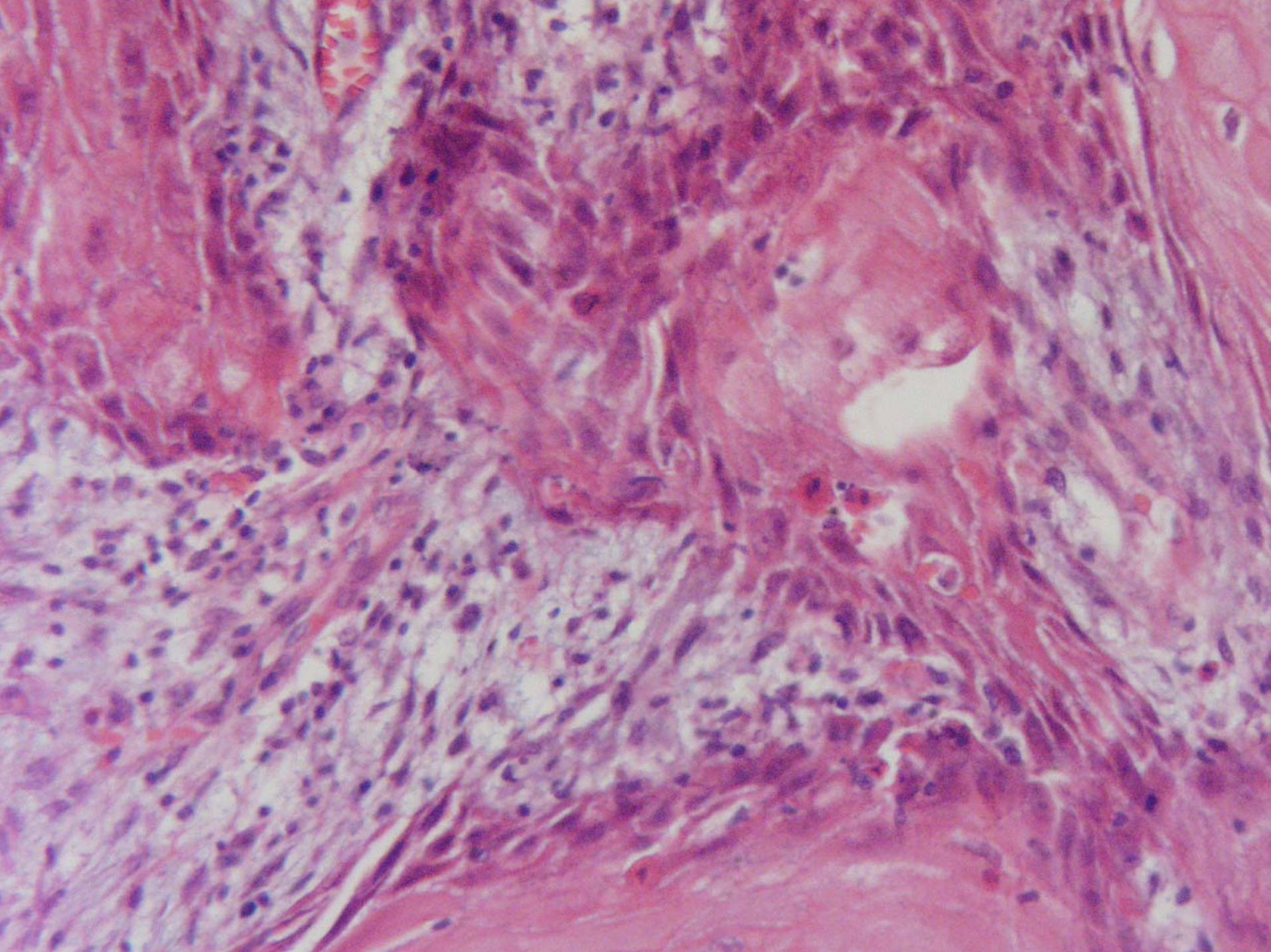


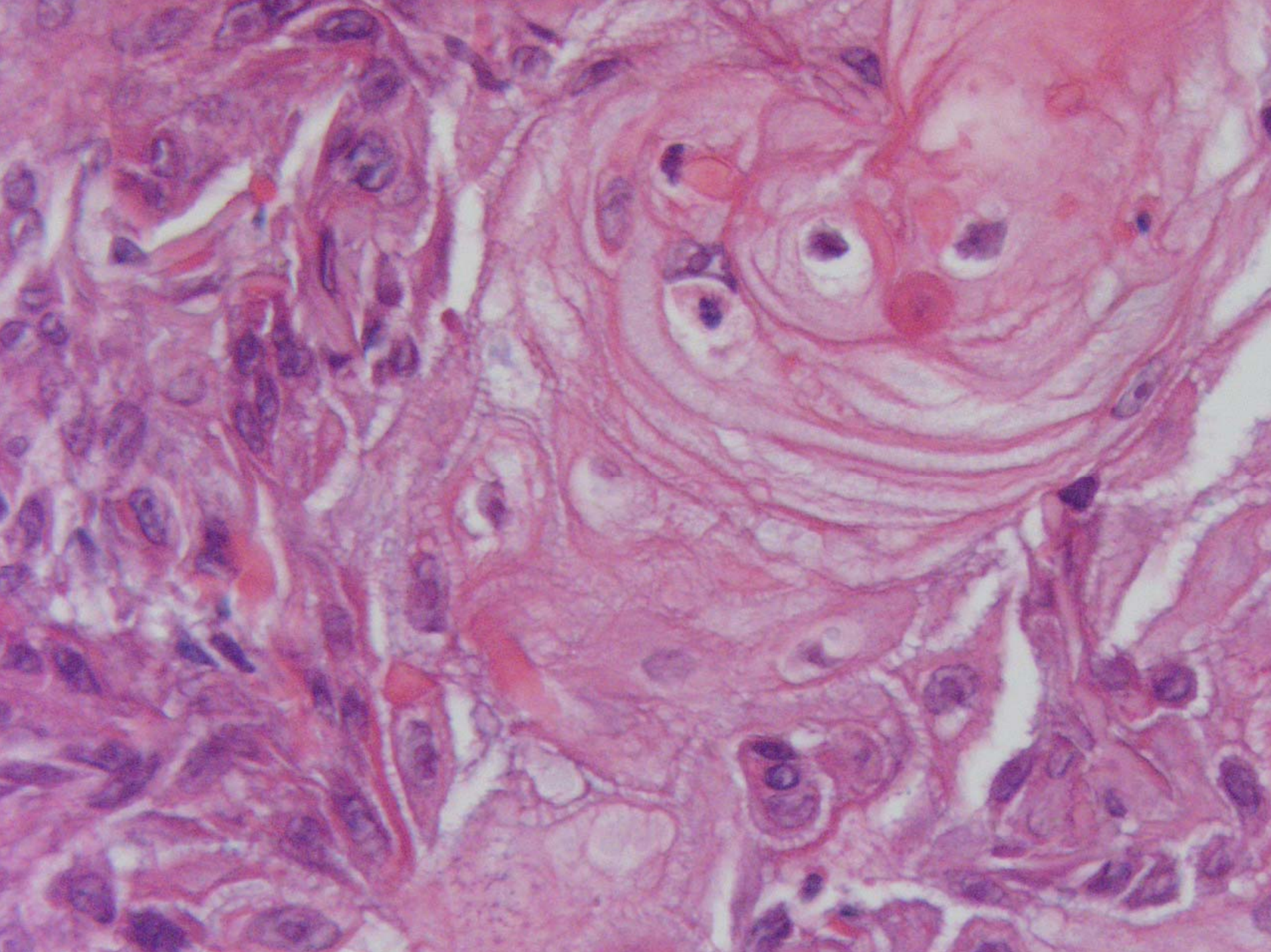






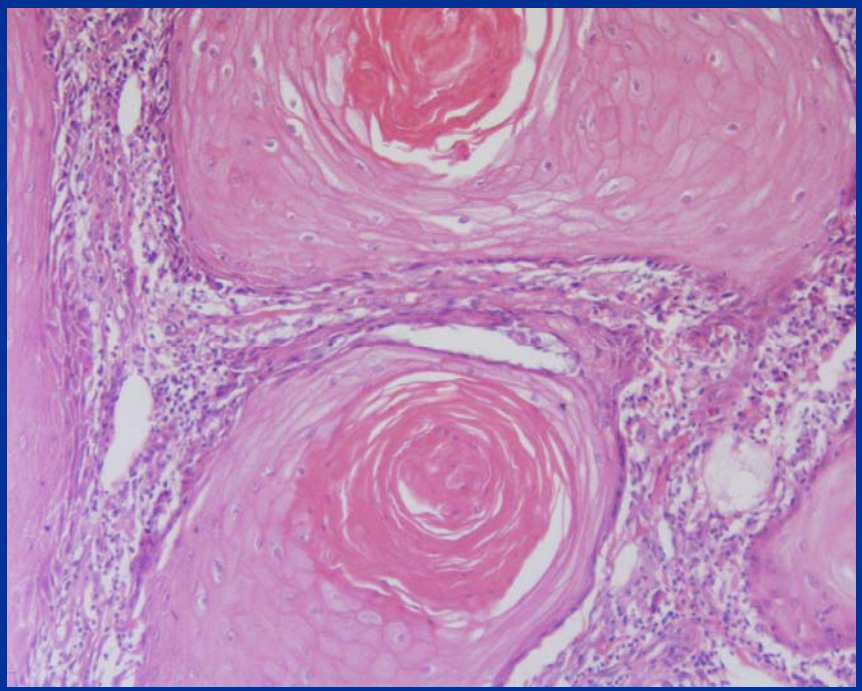




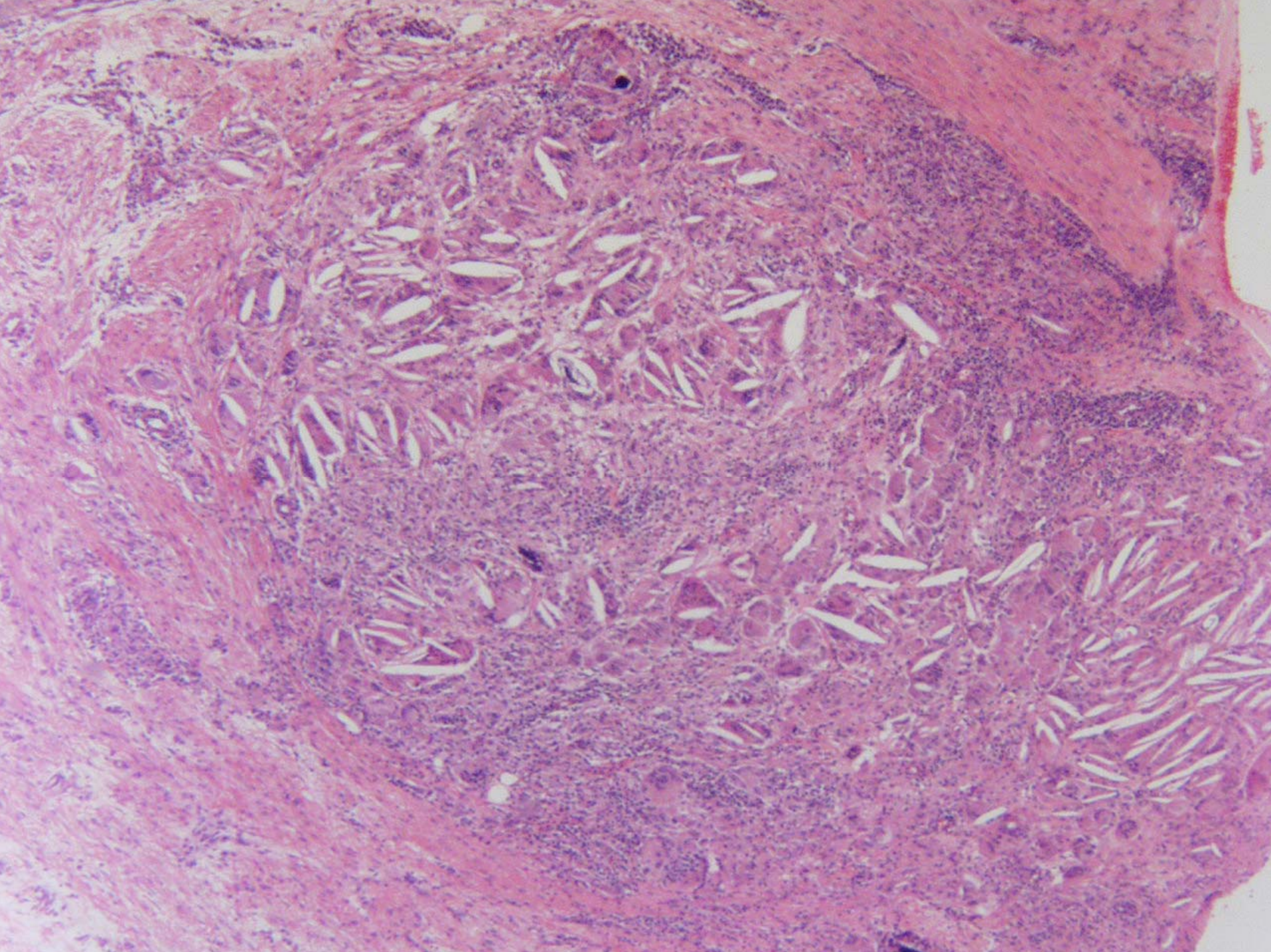


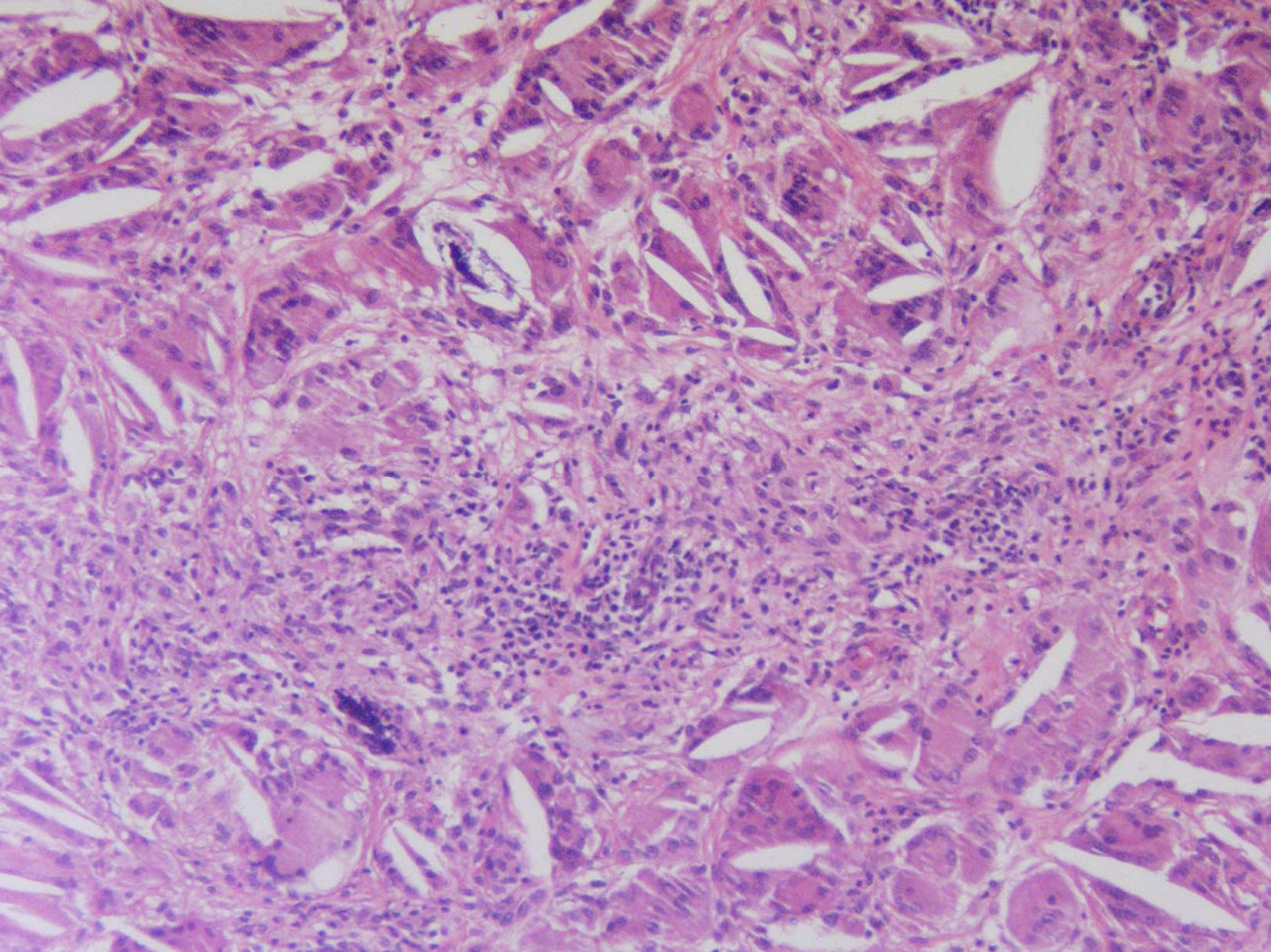
Squamous Cell Carcinoma

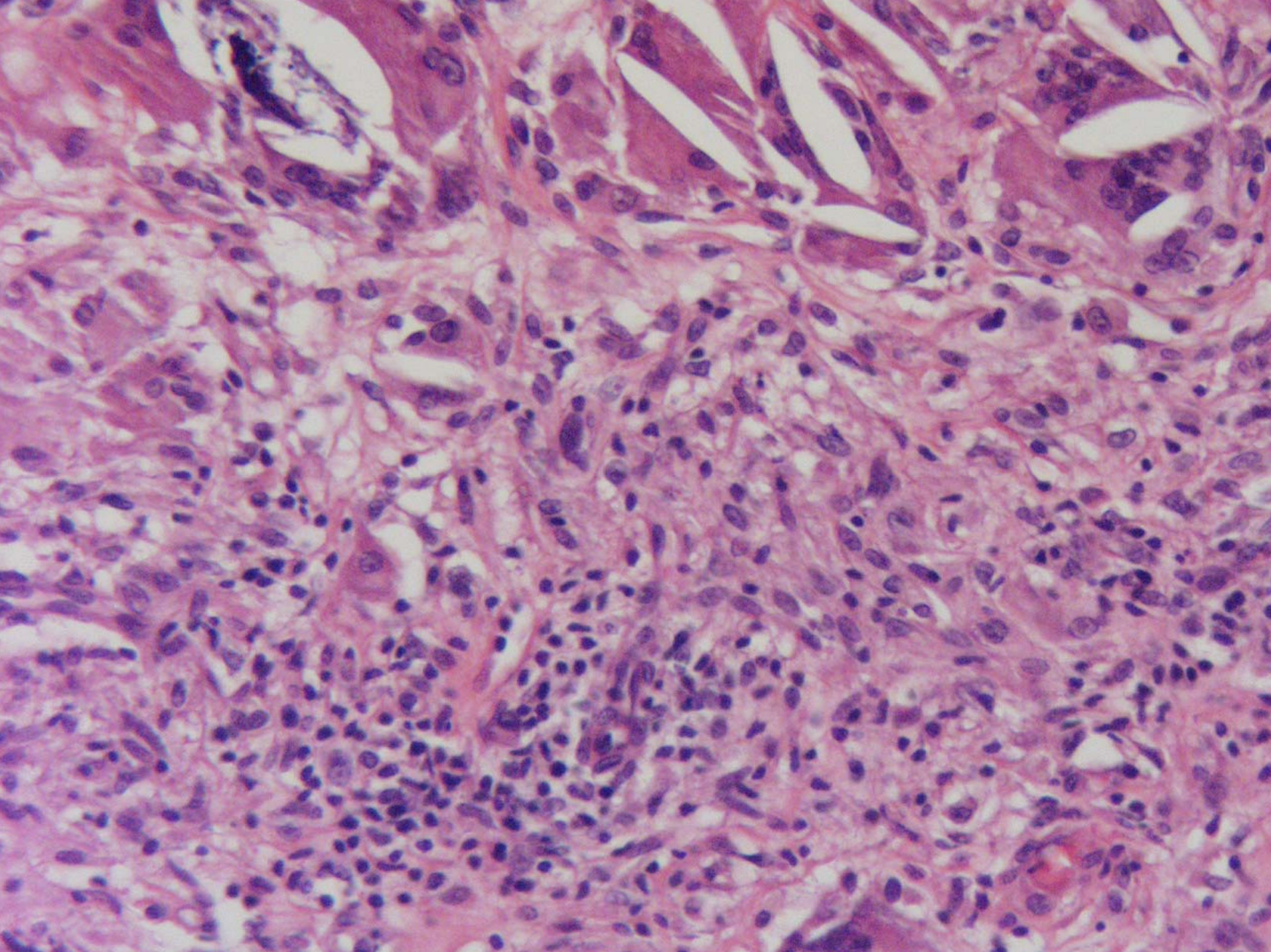
Histopathology

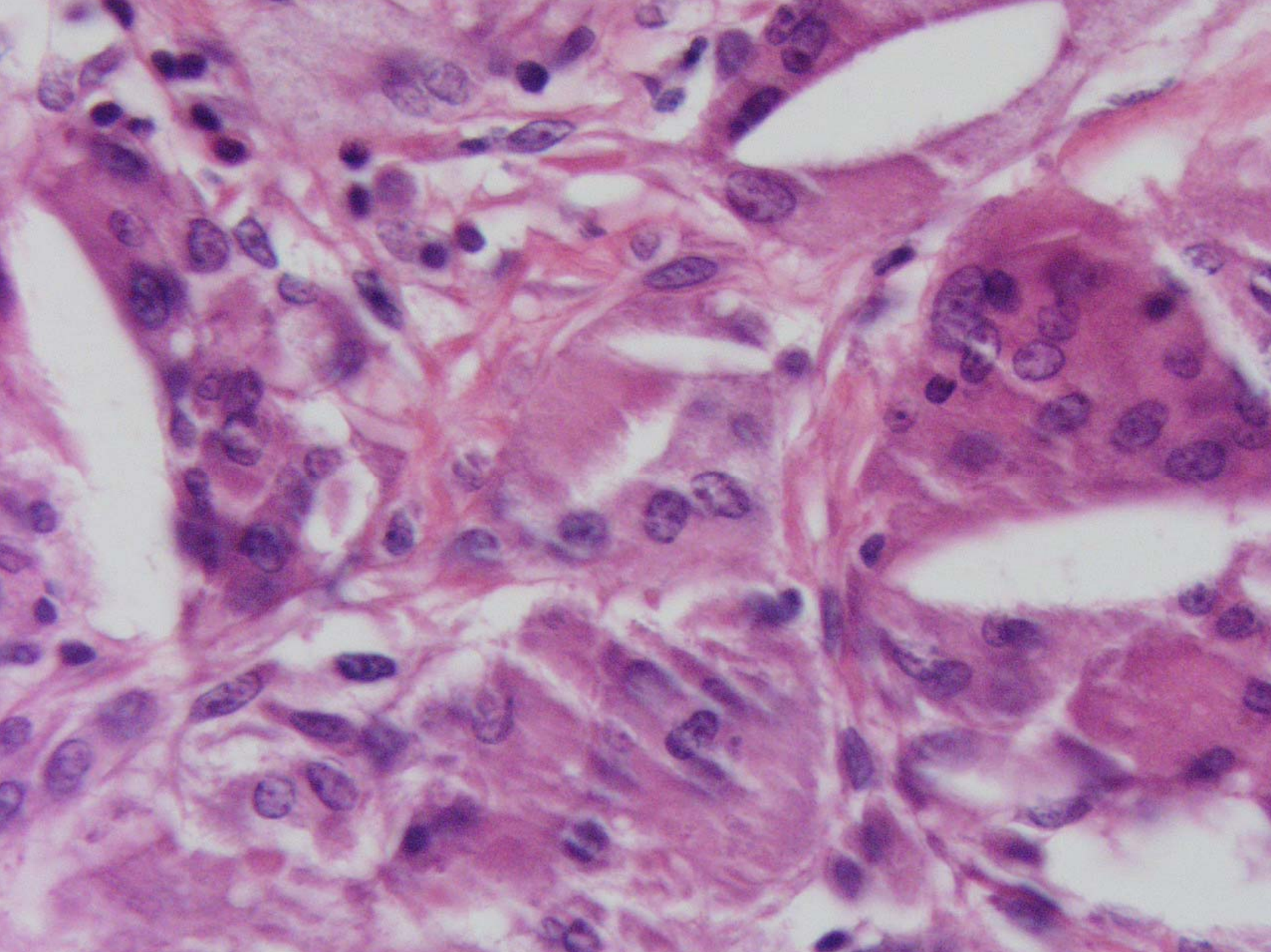


- Invasive nests of squamous cells
- Squamous pearl formation dependent upon degree of differentiation
- Rule our lymphovascular invasion
- Differentiate histologic subtypes



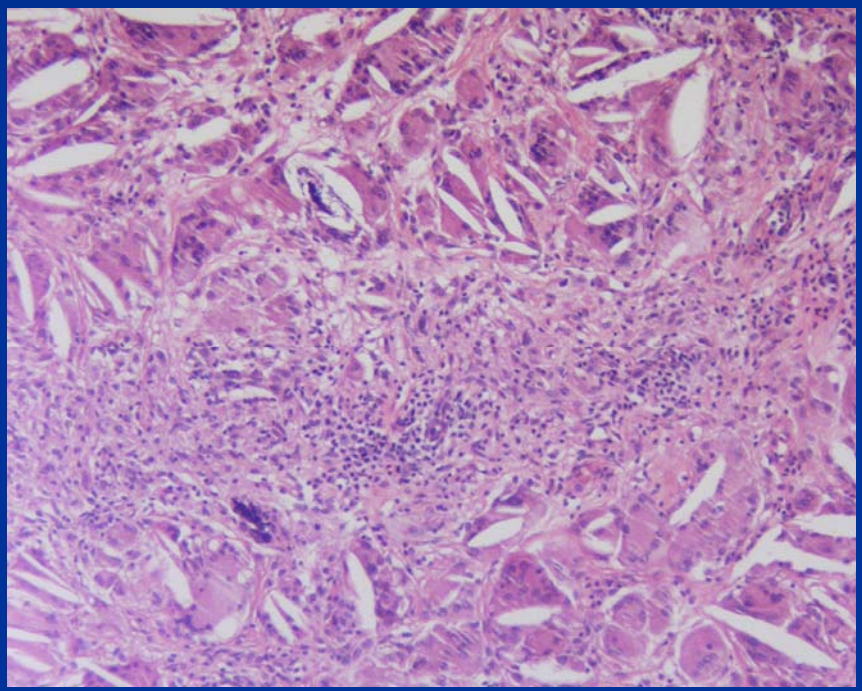




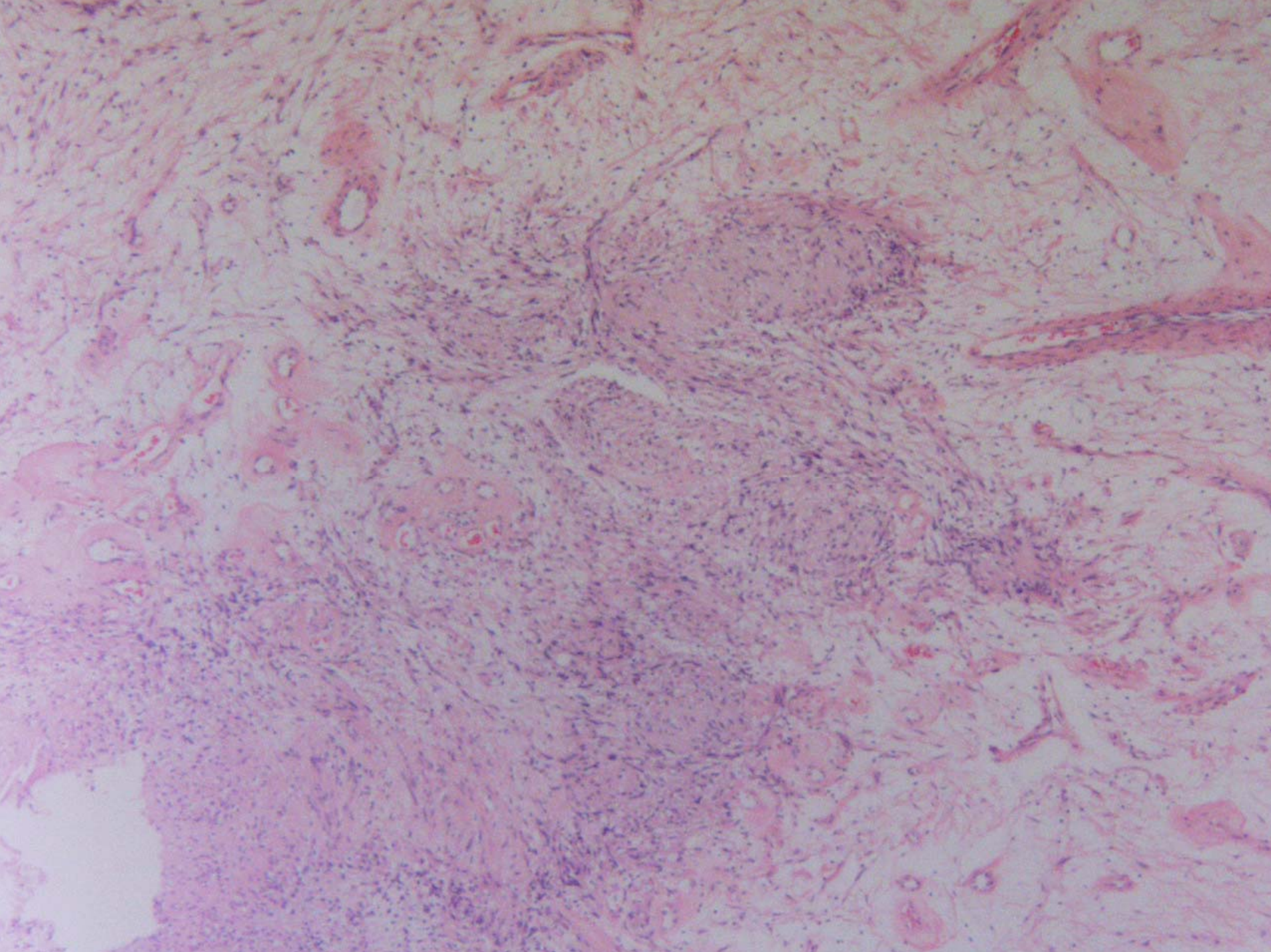


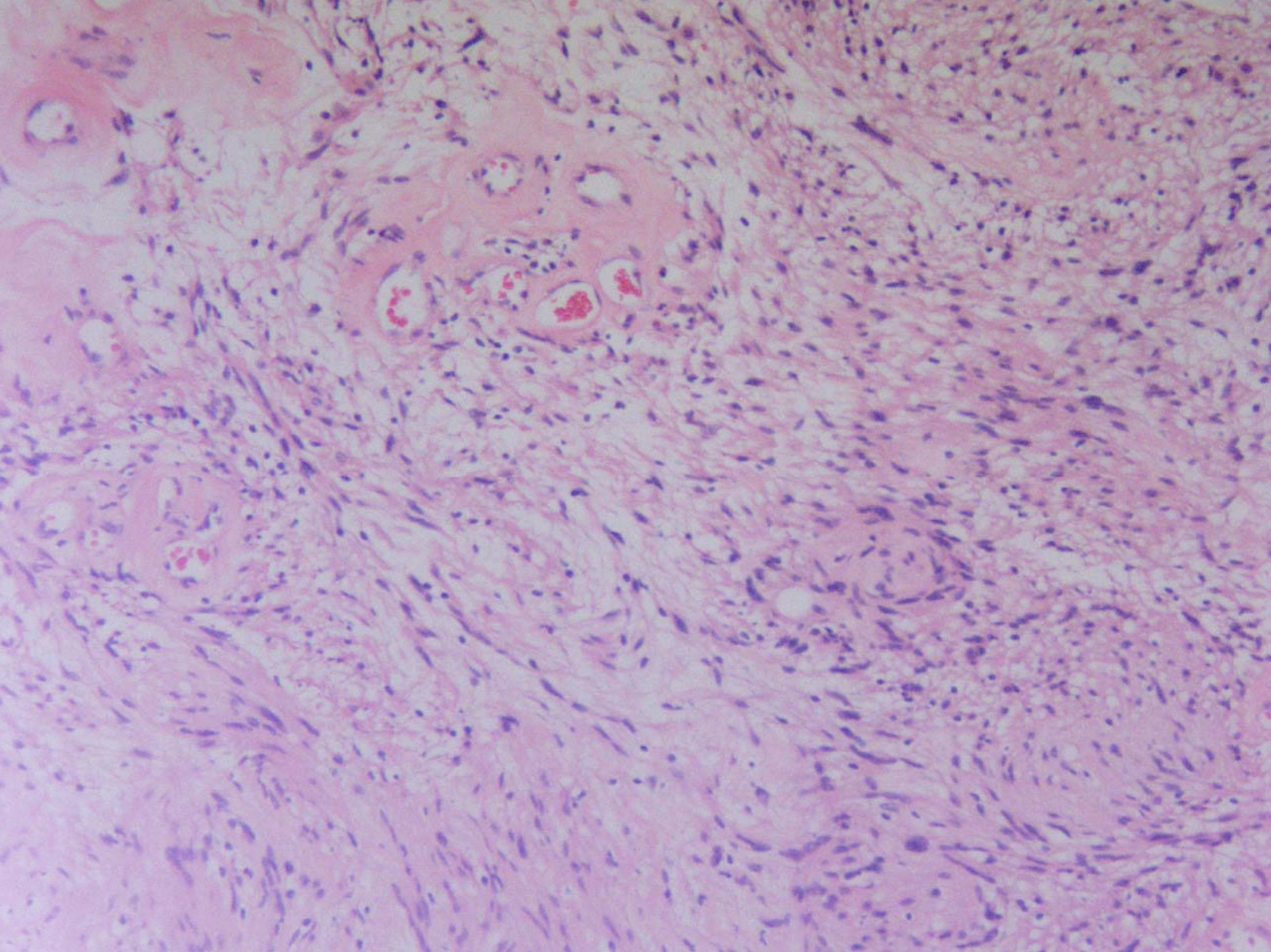
Keratin Granuloma

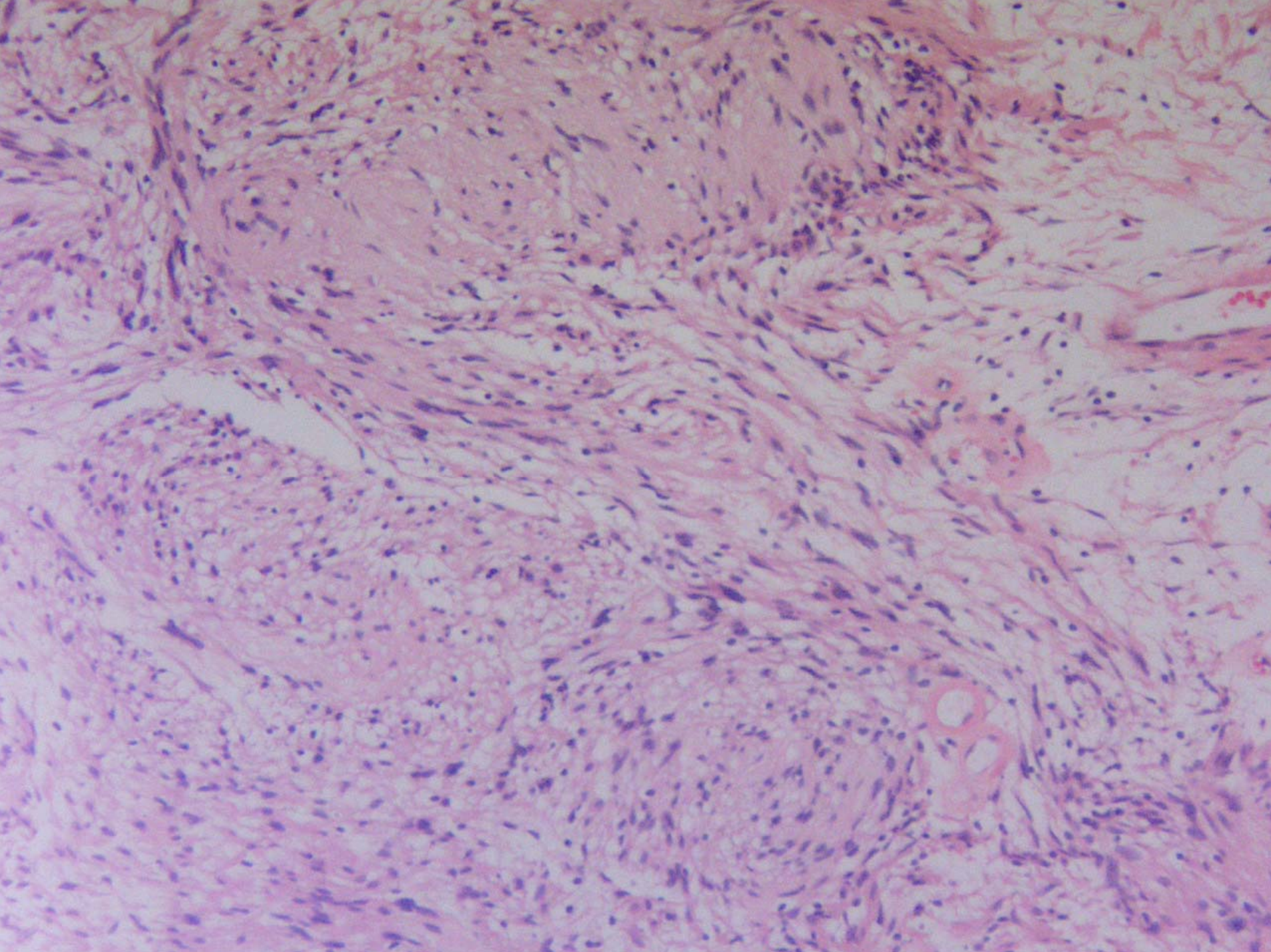
Histopathology

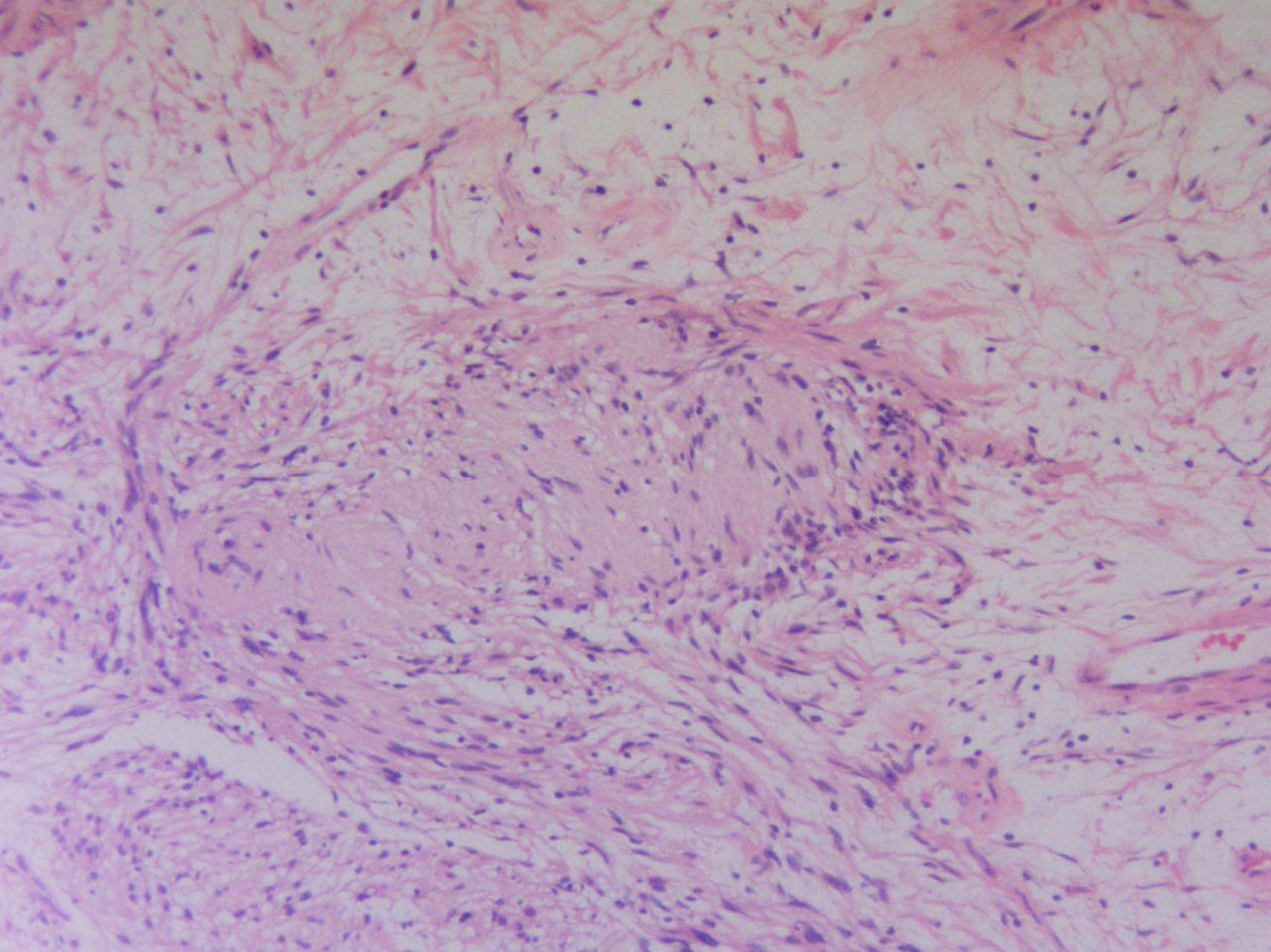


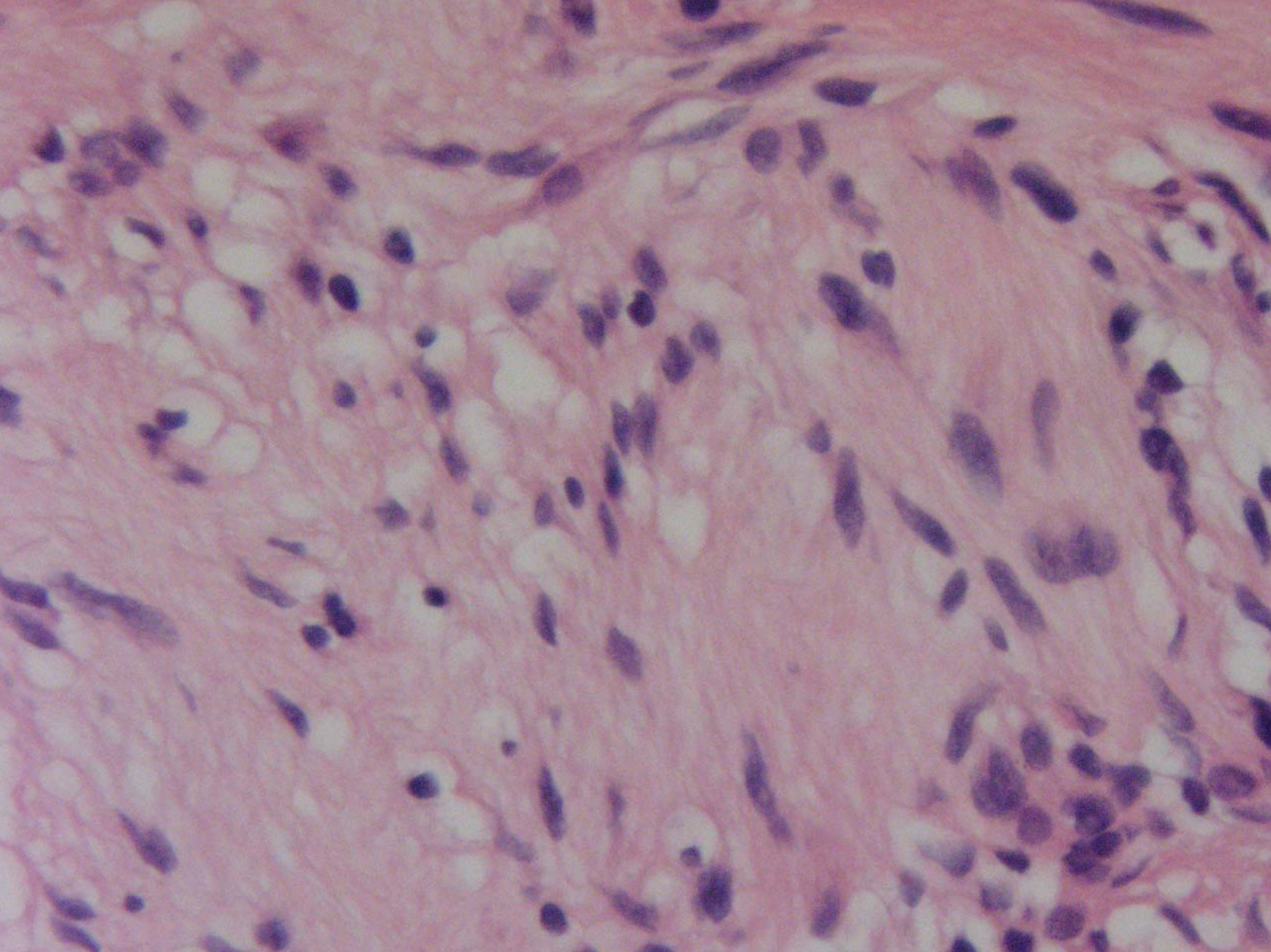
- Keratin granulomas with foreign body giant cell reaction
- Cholesterol clefts
- May have dystrophic calcifications
- Very common reaction- rule out adjacent malignancies

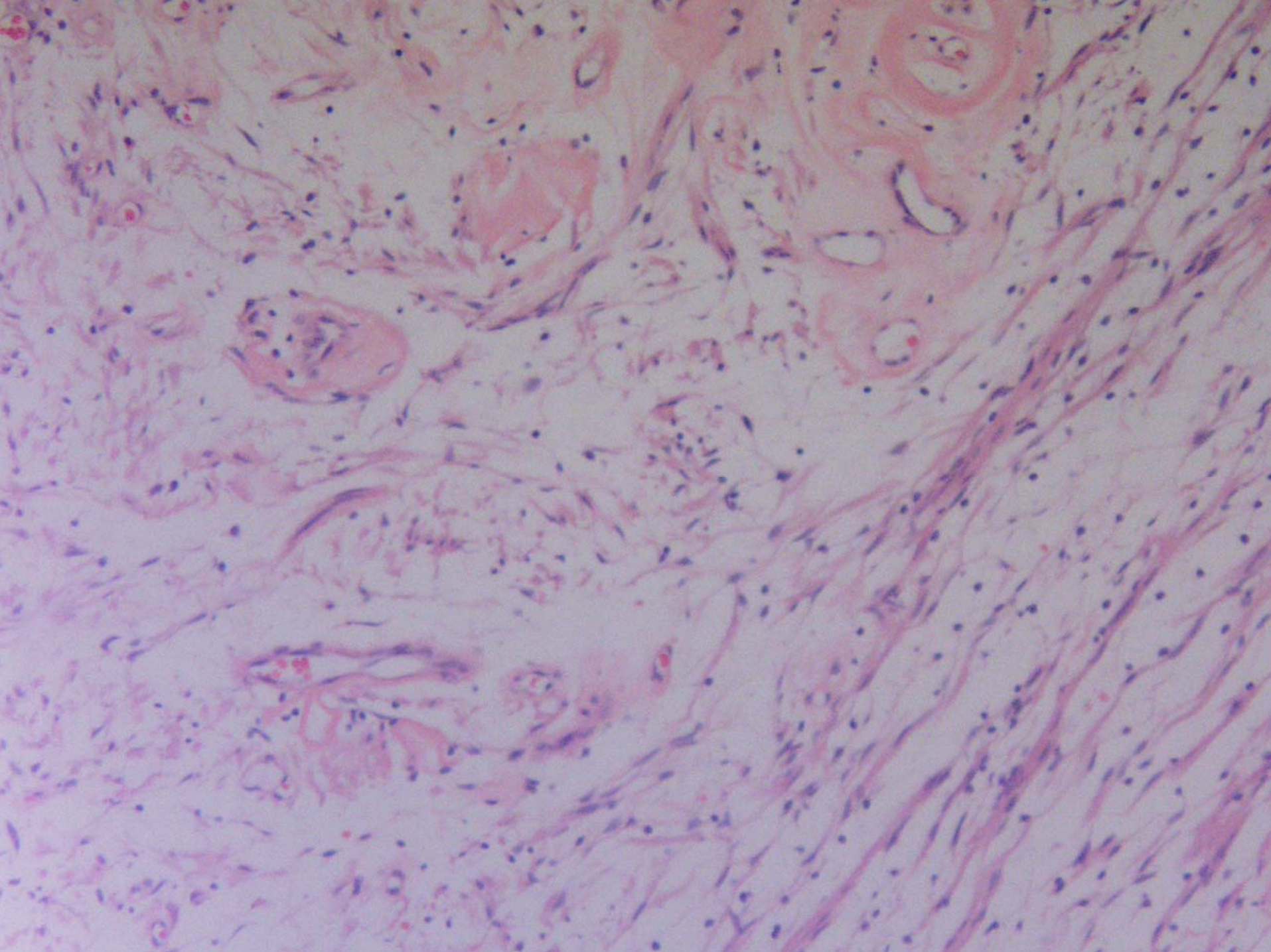


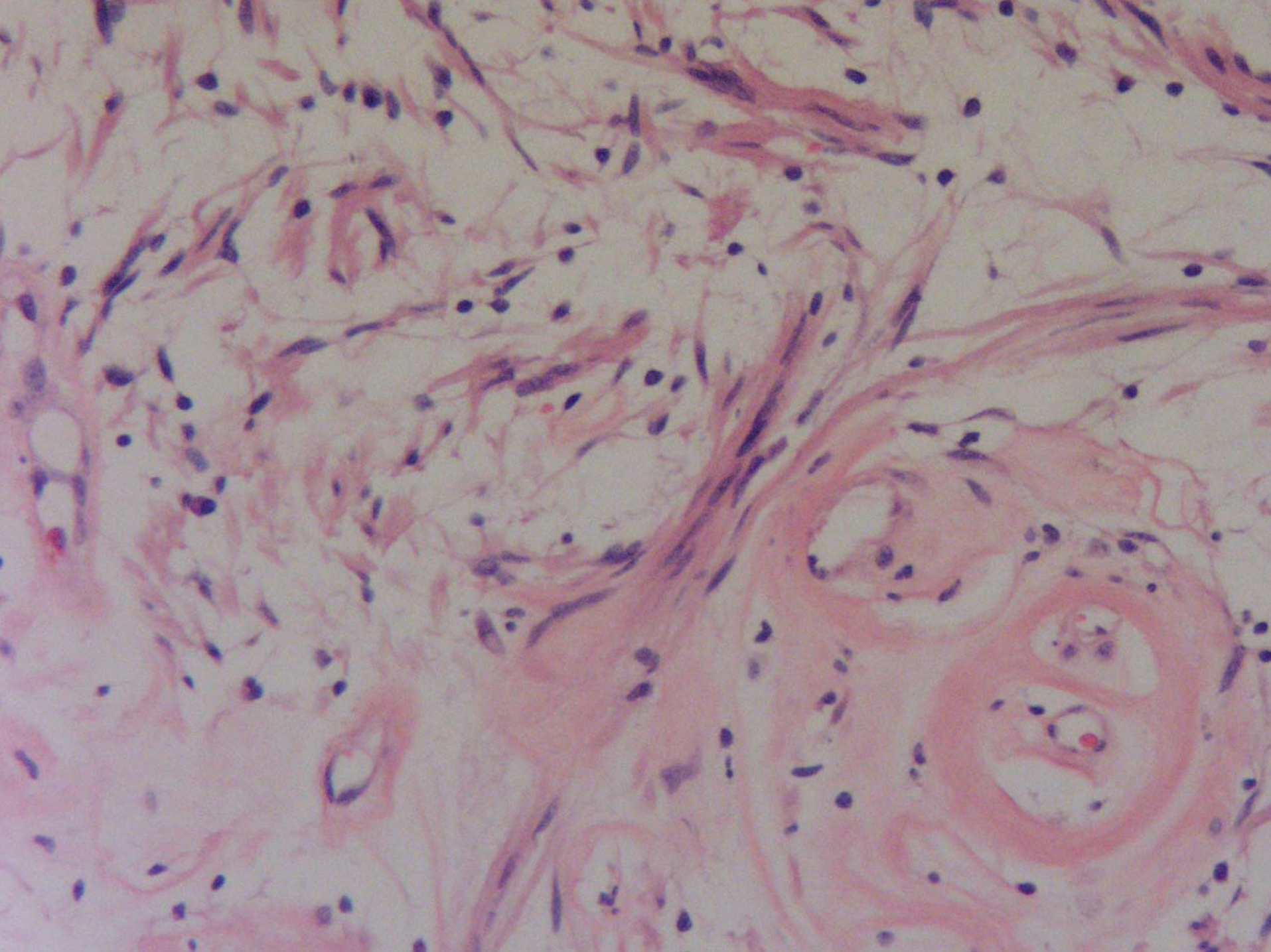


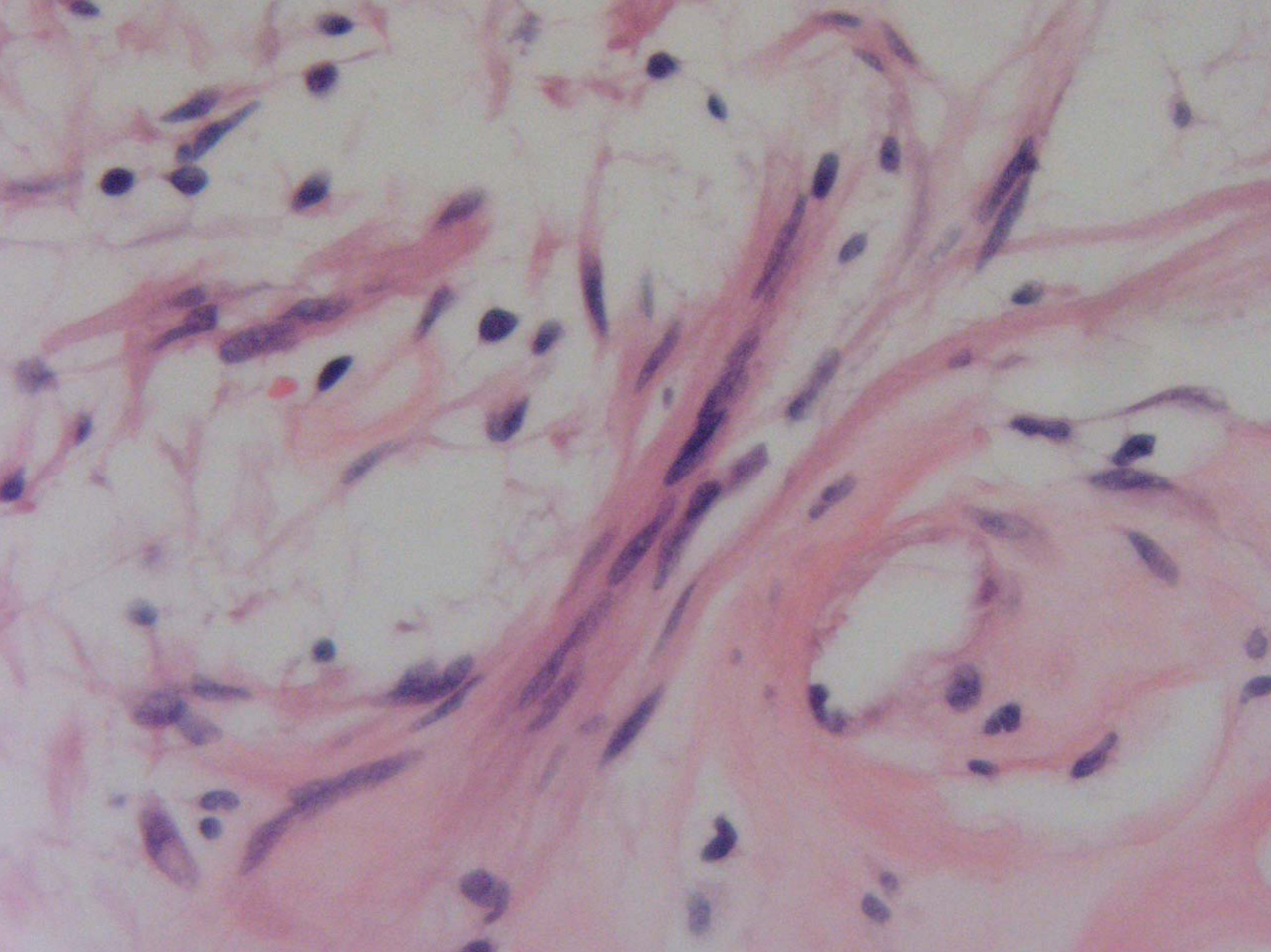






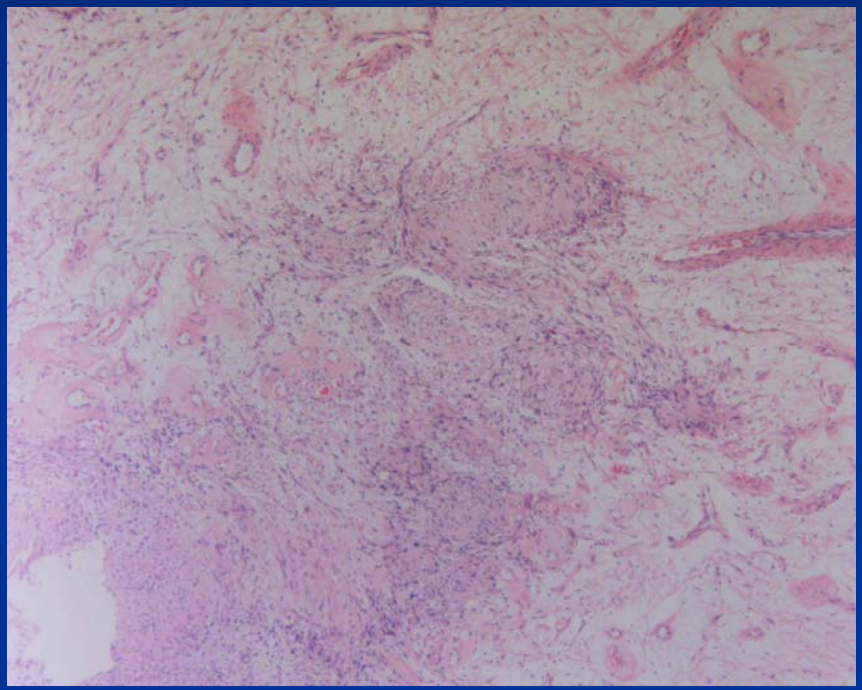




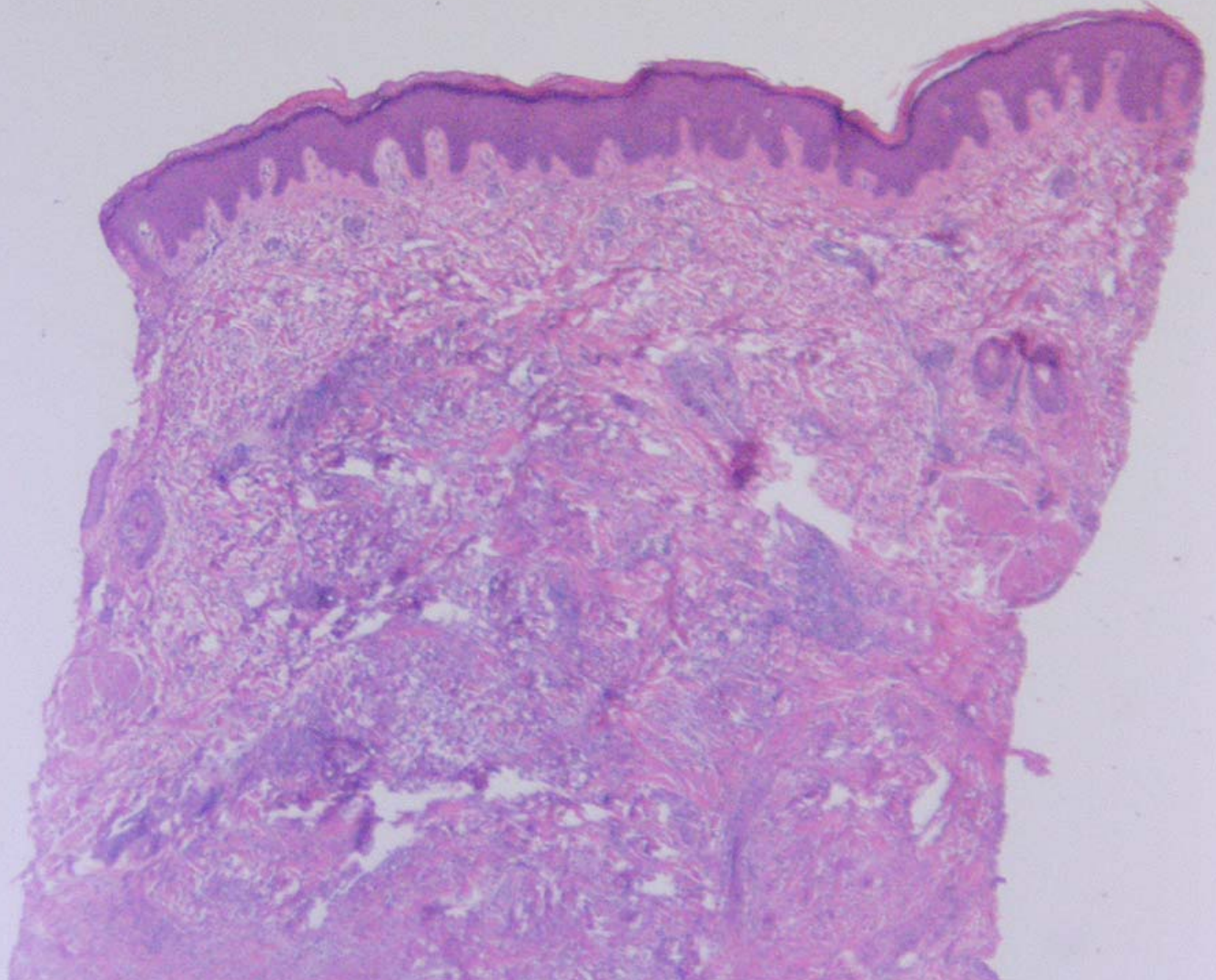


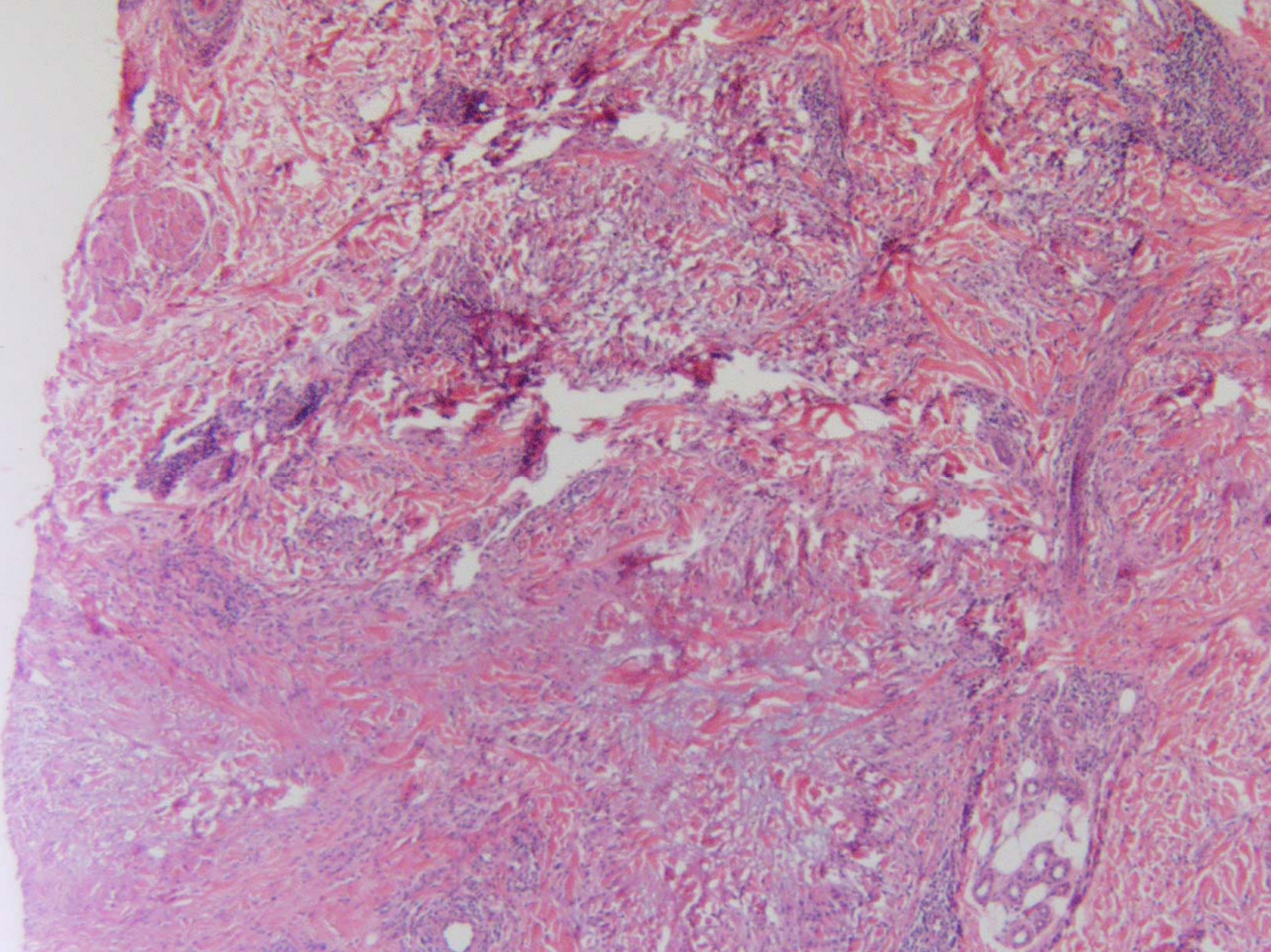
Schwannoma (Neurilemmoma)

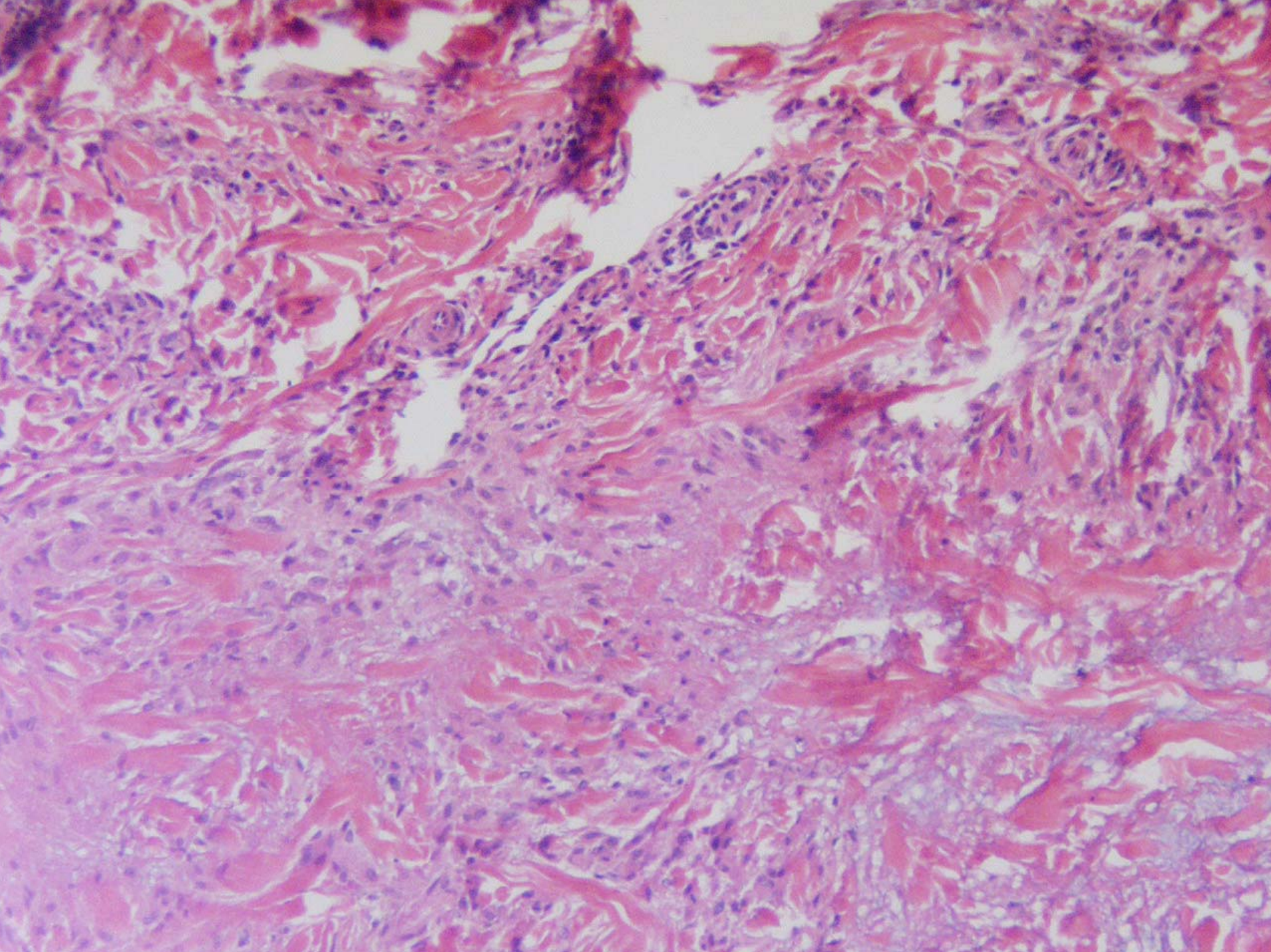
Histopathology

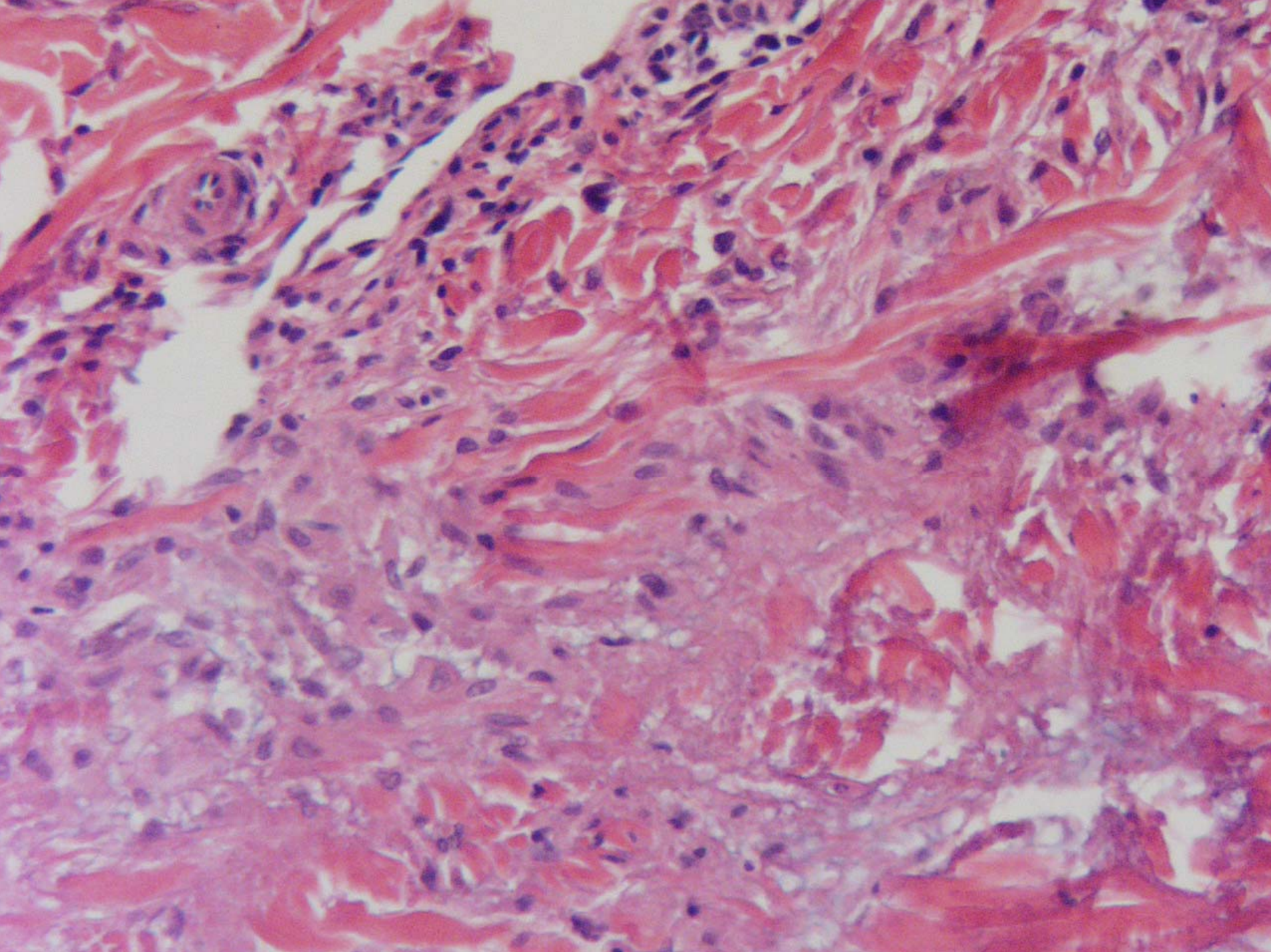


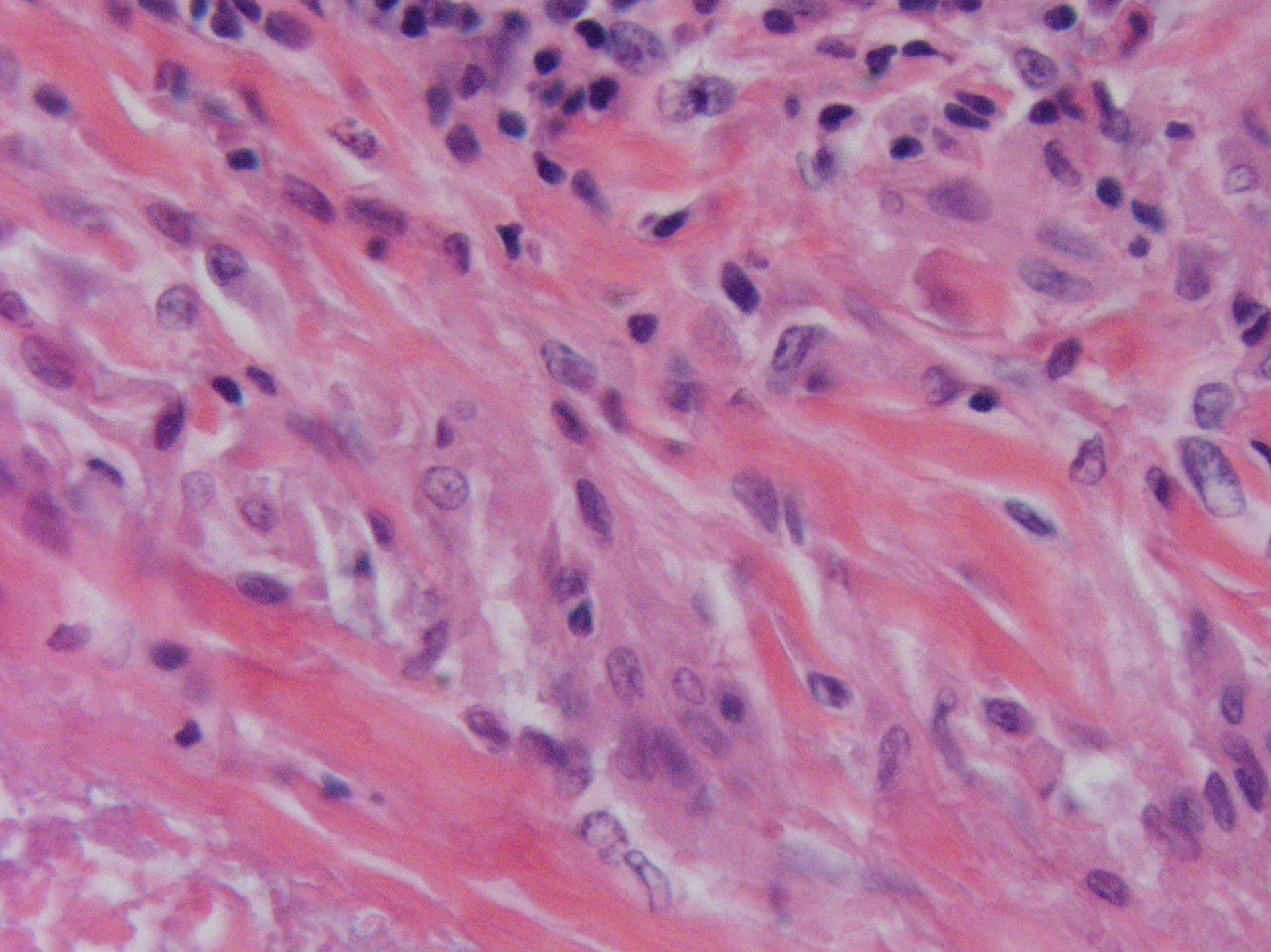
- Mixture of Antoni A and B
- Verocay bodies
- Hyalinization around vessels
- Rare in skin





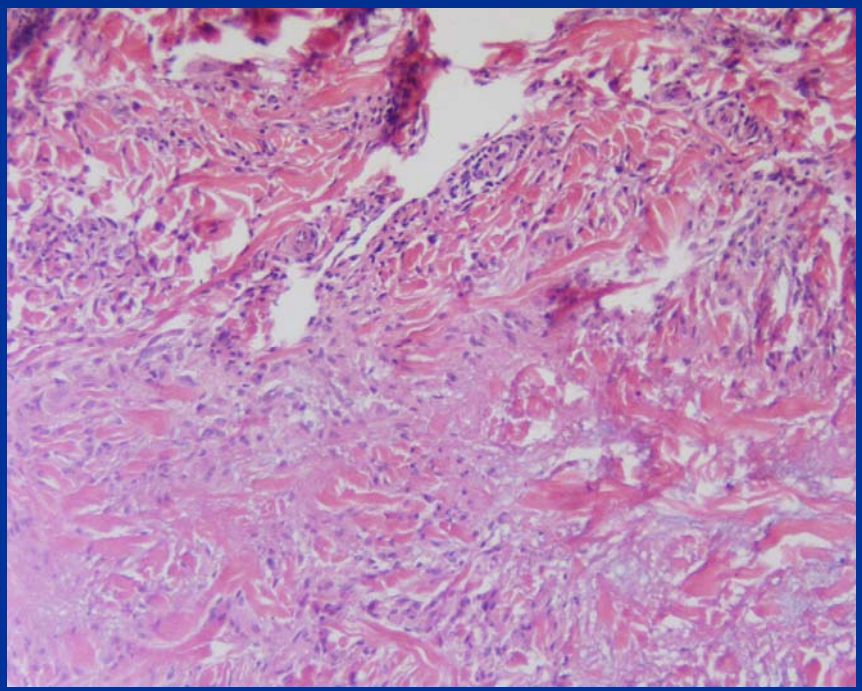






Granuloma Annulare

Histopathology



- Superficial and deep PV and interstitial mixed dermatitis
- Mucinous degeneration of collagen
- Rare giant cells
- Interstitial vs. granulomatous variant
- Beware MF with GA fx